119000229522

	(Requestor's Name)					
<u> </u>	(Address)					
l	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UF	WAIT	MAIL MAIL				
	(Business Entity Name)					
(Document Number)						
23	(Locument Number)					
Certified Copies	Certificates of \$	Status				
Special Instructions	to Filing Officer:					
•						
		ŀ				

Office Use Only

M SIMMONS

= SEP 1 9 2019



400334745414

09/20/19--01002--013 **155.00

19 SEP 19 EM 3141

19 SEP 19 PH 4: 12

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PIC	CK UP:	09/19/2019			
	xx	CERTIFIED COPY PHOTOCOPY		<u>.</u>			
		CUS					
	хх	FILING	LLC				
1.		JOHNNY B DISTRIBUTION LLC (CORPORATE NAME AND DOCUMENT #)					
2.		(CORPORATE NAME AND DOC	CUMENT #)				
3.		(CORPORATE NAME AND DOC	CUMENT#)				
4.		(CORPORATE NAME AND DOC	CUMENT #)				
5.		(CORPORATE NAME AND DOC	CUMENT#)				
6.		(CORPORATE NAME AND DOCUMENT #)					
	ECIA STRU	L JCTIONS:					

ARTICLES OF ORGANIZATION OF JOHNNY B DISTRIBUTION LLC

The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of Chapter 605 of the Florida Revised Limited Liability Company Act, hereby certifies that:

FTRST: The name of the limited liability company is Johanny B Distribution LLC (the "Company").

SECOND: The mailing address and street address of the principal office of the Company is 935 F NW 31st Ave., Pompano Beach, FL 33069.

THIRD: The name and street address of the registered agent of the Company are:

Universal Registered Agents, Inc. 1317 California Street Tallahassee, FL 32304

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature

FOURTH: The name and address of each person authorized to manage and control the Company are:

Title

Name and Address

AMBR

Ken Russo 935 F NW 31st Avenue Pompano Beach, FL 33069

FUTH: The Company shall, to the fullest extent permitted by the provisions of the Florida Revised Limited Liability Company Act, as the same may be amended and supplemented, indemnify the members, managers, and officers of the Company.

SIXTH: This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dated: September 19, 2019

Arthur M. Rosenberg Authorized Representative