

**L19000365645304372**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ACCOUNTING REVENUE SERVICE, INC.  
Account Number : I20110000041  
Phone : (305)887-8730  
Fax Number : (305)887-8744

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FILED**  
19 DEC 19 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
NATURAL FOOD DISTRIBUTORS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: NATURAL FOOD DISTRIBUTORS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIO AGUIRRE

Name of Person

NATURAL FOOD DISTRIBUTORS LLC

Firm/Company

1031 E 8TH AVE STE 216

Address

HIALEAH, FL 33010

City/State and Zip Code

JULIO@DELMARSEAFOOD.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO AGUIRRE at ( 305 ) 215-3180  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATURAL FOOD DISTRIBUTORS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1031 E 8TH AVE STE 216

HIALEAH, FL 33010

Mailing Address:

1031 E 8TH AVE STE 216

HIALEAH, FL 33010

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JULIO J AGUIRRE

Name

1031 E 8TH AVE STE 216

Florida street address (P.O. Box **NOT** acceptable)

HIALEAH

FL

33010

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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.*

NAB

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

JULIO J AGUIRRE

1031 E 8TH AVE STE 216

HIALEAH, FL 33010

MGR

XIMENA A RODRIGUEZ

1031 E 8TH AVE STE 216

HIALEAH, FL 33010

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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.

JULIO J AGUIRRE

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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## FAX TRANSMITTAL

**To:** **Date:** 12/19/2019 01:30:32 PM Central Time

Company: FL SOS

Attn:

Fax No: 850-617-6381

Number of pages transmitted

**From:** including cover page: 4

Name: Kim Tadlock

Email: ktadlock@capitol-services.com

Fax No: 800-432-3622

Voice No: 855-498-5500

**Subject:**

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