Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000936123)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

C RICO MAR 2 6 2020

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

: (614)280-3338 Fax Number : (954)208-0845

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Food Brilliance, LLC

Certificate of Status	<u> </u>
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

Food B	rilliance, LLC	
(Must conatin the words "Limited Liah	ility Company, "L.L.C.," or "LLC.")	
BOTTON ON A A A		
RTICLE II - Address:	a Fall of Control of Califfring Commence in	
he mailing address and street address of the principal office	e of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
111 Periwinkle Lane	350 Veterans Boulevard	
	Rutherford, New Jersey 07070	
Delray Beach, Florida 33444	Rutherford, New Jersey 07070	
	Registered Agent's Signature:	
Delray Beach, Florida 33444 RTICLE III - Registered Agent, Registered Office, & R The Limited Liability Company cannot serve as its own Reg	Registered Agent's Signature: gistered Agent. You must designate an individual or	
Delray Beach, Florida 33444 ARTICLE III - Registered Agent, Registered Office, & R The Limited Liability Company cannot serve as its own Region other business entity with an active Florida registration.)	Registered Agent's Signature: gistered Agent. You must designate an individual or ent are:	

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 Iis 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 in registered agent as provided for in Ourse 605, FS

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

Florida

State

Plantation,

Cly

C T Corporation System Peter F. Souza, Assistant Secretary

Registered Agent's Signature (REQUEED)

33324

Zip

(CONTINUED)

• •				
		The second section of the second section is a second section of the second section sec		
·				
	The name and address of such as			
	The name and address of each person author	rized to manage and control the Limited	Liability Company:	, , ,
•	Title:	Name and Address:		· · · · · · · · · · · · · · · · · · ·
•	"AMBR" = Authorized Member			
	"MGR" = Manager			
•	AMBR	Ryann Morris		
		111 Periwinkle Lane Delray Beach, Florida 33444		
			·	
	<u> </u>		<u> </u>	
•		<u> </u>		
				· · · · · · · · · · · · · · · · · ·
-				
(c	Ise attachment if necessary)			
ARTICLE	V: Effective date, if other than the date of	filing	(OPTIONAL)	
(If an effect	ive date is listed, the date must be speci	ic and cannot be more than five busi		days after
the date of i	iling.)			
	date inserted in this block does not mee		ements, this date will no	ot be listed as
the docume	nt's effective date on the Department of	State's records.		
ADTICTES	1: Other provisions, if any.		,	
ANTICLE	1. Odici provisions, il any.			
	,			
RE	OUIRED SIGNATURE:			
	J h			
	de			<u> </u>
	Signature of a memi	oer or an authorized representative	of a member.	
\$ \$.	This document is executed	in accordance with section 605.0203	(1) (b), Florida Statute	es.
	I am aware that any false in	formation submitted in a document to	o the Department of Sta	ate
	constitutes a third degree fe	lony as provided for in s.817.155, F.	S	
	Ryann Morris			
		yped or printed name of signee		
		Filing Fees:		
. \$12	5.00 Filing Fee for Articles of Organ	ization and Designation of Regist	ered Agent	
\$ 3	0.00 Certified Copy (Optional)			
	5.00 Certificate of Status (Optional)			
2	Sim Cermicale of Status (Obbonan			