

L20000111519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

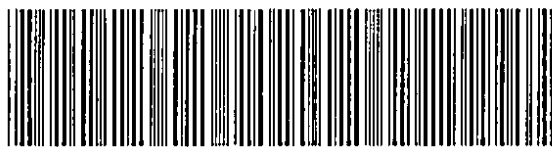
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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Phone: 305-444-4994
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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Wholesome ABA LLC.
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

**Electronic Articles of Organization
For
Florida Limited Liability Company**

2022 APR 27 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FL

Article I

The Name of the Limited Liability Company is: WHOLESOME ABA LLC.

Article II

The street address of the principal office of the Limited Liability Company is:
585 E 8th ST, Hialeah, FL 33010.

Article III

The mailing address of the Limited Liability Company is:
585 E 8th ST, Hialeah, FL 33010.

Article IV

The name and Florida address of the registered agent is:
Edlis Vasallo, 585 E 8th St, Hialeah, FL 33010.

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.



Edlis Vasallo

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
Edlis Vasallo
585 E 8th ST, Hialeah, FL 33010.

Article VI

The contribution of each member is as follow:

Edlis Vasallo 100%

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



Edlis Vasallo

2020 APR 27 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FL

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