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2020-05-15 21:17:06 (GMT)

17866363620 From: Xianny Chinchilla
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H20000145095 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(shown below) on the top and bottom of all pages of the document.

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

From: Account Name : FLL BUSINESS SOLUTION CORP
Account Number : I20190000092
Phone : (754) 202-8663
Fax Number : (754) 636-3620

****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.
LB FOODS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

J. DENNIS

MAY 19 2020

H20000145095 3

20 MAY 18 AM 9:28

2020 MAY 18 AM 8:26

H20000145095 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LB FOODS 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:

XIANNY CHINCHILLA

Name of Person

FLL BUSINESS SOLUTION CORP

Firm/Company

8360 W STATE RD 84

Address

FORT LAUDERDALE, FL 33324

City/State and Zip Code

FLLBusiness@outlook.com

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

For further information concerning this matter, please call:

XIANNY CHINCHILLA

754

202-8663

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

H20000145095 3

H20000145095 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LB FOODS 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:8930 W STATE RD 84#1026FORT LAUDERDALE, FL 33324Mailing Address:8930 W STATE RD 84#1026FORT LAUDERDALE, FL 33324

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:

FLL BUSINESS SOLUTION CORP

Name

8930 W STATE RD 84Florida street address (P.O. Box **NOT** acceptable)FORT LAUDERDALE FL 33324

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.

Xianny Chinchilla

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H20000145095 3

20 MAY 18 PM 9:24

H20000145095 3

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:MGR

JORGE A. BEHNKE GERMANEY
 8930 W STATE RD 84 #1026
 FORT LAUDERDALE, FL. 33324

MGR

JUAN P. LEON MORENO
 8930 W STATE RD 84 #1026
 FORT LAUDERDALE, FL. 33324

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/13/2020 (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.FROZEN FOOD DISTRIBUTION AND SERVICE AND ANY ALL LAWFULL BUSINESS**REQUIRED SIGNATURE:***Jorge A. Behnke Germaney*

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.

JORGE A. BEHNKE GERMANEY

Typed or printed name of signer

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)

H20000145095 3

20 MAY 18 04:52 PM