

10/13/2020

Division of Corporations

L20000313247

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 : KCO SERVICES, LLC
Account Number : 120200000018
Phone : (954)744-6605
Fax Number : (833)648-2730

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

Email Address: kcoservicesllc@gmail.com

**FLORIDA LIMITED LIABILITY CO.
MANA LATIN FOOD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

OCT, 14 2020

T. SCOTT

RECEIVED
2020 OCT 13 PM 4:12

FILED
2020 OCT 13 AM 10:26
STATE OF FLORIDA

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MANA LATIN FOOD LLC

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

ARTICLE II - Address:

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

Principal Office Address:8724 SW 72ND ST # 263
MIAMI, FL 33173Mailing Address:8724 SW 72ND ST # 263
MI, FL 33173

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:

KCO SERVICES LLC

Name

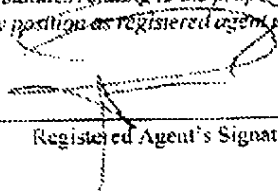
7717 PADDOCK PLFlorida street address (P.O. Box **NOT** acceptable)DAVIEFL33328

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA

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 _____

RUTH YAMILET VELAZQUEZ _____

8724 SW 72ND ST # 263 _____

MIAMI, FL 33173 _____

(Use attachment if necessary)

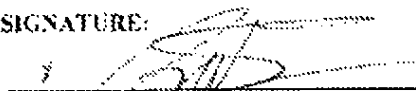
ARTICLE V: Effective date, if other than the date of filing: 10/13/2020 _____ (OPTIONAL)

(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.

ANY AND ALL LAWFUL BUSINESS _____

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.

RUTH YAMILET VELAZQUEZ _____

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)