## 1210000220146

## Florida Department of State

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.

(((H21000033208 3)))



H210000332083ABCT

To:	Division of Corporations Fax Number : (850)617-6381	HASSEE, FL	
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973	ORIOA	
<b>*</b> Eπter	Fax Number : (305)675-5944  the email address for this business entity to be used for	future	
anı	Fax Number : (305)675-5944  the email address for this business entity to be used for nual report mailings. Enter only one email address please.	future ••	
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

\$130.00

T. BURCH Help JAN 26 2021

ARTICLES OF ORGANIZATION FOR	TALI	292	
FLORIDA LIMITED LIABILITY COMPANY	CKE IA LAHAS	JEE 2	Γ
ARTICLE I - Name: The name of the Limited Liability Company is:	SEE, FLO	25 群 9	וד
Sweet Fruit LLC	PATE DRIDA	9: 25	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit Company is:	ed Lia	bility	•
10435 SW 102 ST			
0435 SW 102 ST Miami, FL 33156			
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The L. Company cannot serve as its own Registered Agent. You must designate an individual or another bush with an active Florida registration.)  Priscipa	îmited Lic ness entity	abilliy '	
6435 SW 102 ST			
6435 SW 10257 MIAMI, FL 33156			-
The name and title of each person authorized to manage and control the Liability Company: (MGR or AMBR)  POSCILLA DEL REY (AMBR)	≥ Limit	ed	
)			

## Required Signatures:

Signature of a member or an authorized representative of a member.	
In amountain it is a second of a member.	
and the large information on the large in the first and th	
constitutes a third degree felony as provided for in s.817.155, F.S.	
Priscilla Del Roya	
Typed or printed name of signee	
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 diffies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	THE CO
Registered Agent's Signature (REQUIRED)	