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 : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845) 425-0077 Fax Number : (845) \$18-3588

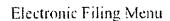
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA LIMITED LIABILITY CO.

Foodgod Fresh Foods, LLC

Certificate of Status	0
Certified Copy	Ü
Page Count	03
Estimated Charge	S125.00



Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liab	oility Company is:		
Foodgod Fresh Fo	oods, LLC		
(Must c	ontain the words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address:		eren artika Lina	sited Lightlity Company is:
The mailing address and stree	et address of the principal o	ince of the Lim	med Liaonny Company is.
<u>Prin</u>	cipal Office Address:		Mailing Address:
343 W Erie Stree	t Suite 230		343 W Eric Street Suite 230
Chicago, IL 6065			Chicago, IL 60654
another business entity with The name and the Florida str	eet address of the registered	d agent are:	
	Veorp Services, LLC	N'ama	
		Name	
	5011 South State Ro	ad 7, Suite 106	
	Florida street addres	s (P.O. Box <u>NC</u>	OT acceptable)
	Davie	۴L	33314
	City	State	Zip
place designated in this certific further agree to comply with th	rate, Thereby accept the app e provisions of all statutes re e obligations of my position	ointment as regi elating to the pr as registered ag	or the above stated limited liability company at istered agent and agree to act in this capacity, apper and complete performance of my duties, a gent as provided for in Chapter 605, F.S.
	M	a. Mid	7.
	Regist	tered Agent's Si	gnature (REQUIRED)
		(CONTINUI	ED)

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2021-04-19 18:36:29 GMT

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From: Vcorp Services, LLC

DocuSign Envelope ID: 9EED8CED-8539-479C-8DE0-DA65E94A3559

Title:	Name and Address:
"AMBR" = Authorized Member	-
"MGR" = Manager	
AMBR	Steve Mandell
	343 W Eric Street Suite 230
	Chicago, IL 60654
AMBR	Jonathan Cheban
AMDR	9705 Collins Ave #705
	Bal Harbour FL 33154
	Dar Hillour FL 33134
 	
	
	•
ective date is listed, the date must be s	te of filing:
EV: Effective date, if other than the da active date is listed, the date must be so of filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the datective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department	meet the applicable statutory filing requirements, this date will not of State's records. —Docustines by:
E.V: Effective date, if other than the datective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not of State's records. Docusioned by: State Mandell
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a many fall and aware that any fall	meet the applicable statutory filing requirements, this date will not of State's records. —Docustines by:
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a many fall and aware that any fall	meet the applicable statutory filing requirements, this date will not of State's records. Docustance by: Struct Mandell member or an authorized representative of a member. meter of an accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State

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