# L21000417271

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETACY OF STATE
TAILLAHASSEE, FL

2021 SEP 22 PM 4: 07

CAPT SEP 22 PH 3-06

RECEIVED

# Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

**ORDER FORM** 

**TO** Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850,656,7953

R	EOL	JEST D	ATE	9/22	/2021

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 952784

**ORDER ENTITY** 

JUST SALAD 25906 SIERRA CENTER BLVD LLC

## PLEASE PERFORM THE FOLLOWING SERVICES: JUST SALAD 25906 SIERRA CENTER BLVD LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: (lisa@delaneycorporate.com

## RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 SEP 22 PH 4: 07

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE I - Name:			36	UNLIATY	
The name of the Limited Liabi	lity Company is:		•	TALLAHAS	
Just Salad 25906 S	ierra Center Blvd LLC				
(Must co	ntain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street	address of the principal	office of the Lin	nited Liability Company is:		
Princi	pal Office Address:		Malling Address:		
c/o Just Salad LLC			c/o Just Salad LLC		
663 Lexington Avenue			663 Lexington Avenue		
New York, NY 10022			New York, NY 10022		
The name and the Florida stree	•	d agent are:			
	NRAI Services, Inc.	Name			
		Name			
1200 South Pine Island Road					
	Florida street addres	ss (P.O. Box <u>N(</u>	II acceptable)		
	Plantation	FL	33324		
	City '	State	Zip		
Zonito i Kanana i di di di					
iaving oeen namea as registered Jace designated in this certifical	i ageni and to accept serv	ice of process fo	r the above stated limited liability	company at the	
urther agree to comply with the	e, i noi eay accept the app provisions of all statutes :	roiniment as reg	istered agent and agree to act in th oper and complete performance of	is capacity. I	
m familiar with and accept the a	phlivations of my position	as realstered or	oper una complete perjormance of rent as provided for in Chanter 60°	my auues, ana FS	

/s/ Lisa Delaney

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager  Member	Just Salad LLC	
	663 Lexington Avenue	
	New York NY 10022 (7)	( <del>د</del> م
	TALLAHAS O	2021
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(Use attachment if necessary)		
FICLE V: Effective date, if other than the	date of filing: (OPTIONAL)	
	be specific and cannot be more than five business days prior to or 90 days after	r
date of filing.)		
	not meet the applicable statutory filing requirements, this date will not be listed a	3.5
document's effective date on the Departs	ment of State's records.	
FICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	dha	
	Dr. C.	

The name and address of each person authorized to manage and control the Limited Liability Company:

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.

Just Salad LLC, Sole Member by; Nick Kenner, CEO
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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)