

11/2/21, 10:41 AM

Division of Corporations

**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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

Email Address: Olivera@Siegfriedrivera.com

**FLORIDA LIMITED LIABILITY CO.**  
**NOVA RD FOODS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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2021 NOV -4 PM 10:56

[H21000406125 3]

**COVER LETTER**

**TO: Registration Department  
Division of Corporations**

**SUBJECT: Nova Rd 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:

Oscar R. Rivera, Esq.  
Siegfried Rivera  
8211 West Broward Boulevard, Suite 250  
Plantation, Florida 33324  
[orivera@siegfriedrivera.com](mailto:orivera@siegfriedrivera.com)

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

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JACKSONVILLE, FLORIDA

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**ARTICLE I – NAME:**

The name of the Limited Liability Company is: **Nova Rd Foods LLC**

**ARTICLE II – ADDRESS:**

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

**Principal Office Address:**

1214 SE Baya Drive  
Lake City, Florida 32025

**Mailing Address:**

1214 SE Baya Drive  
Lake City, Florida 32025

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The Name and the Florida Street address of the Registered Agent is Joseph L. Cox, IV, 1214 SE Baya Drive, Lake City, Florida 32025.

*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.*

  
\_\_\_\_\_  
Joseph L. Cox, IV, Registered Agent

**ARTICLE IV – MANAGER/DIRECTORS****Title:**

MGR

**Name and Address**

Joseph L. Cox, IV  
1214 SE Baya Drive  
Lake City, Florida 32025

**REQUIRED SIGNATURE:**

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Signature of a member or authorized representative of a member

[In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.]

Joseph L. Cox, IV

Type or printed name of signee

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