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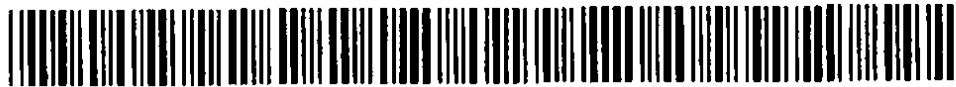
Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THOMAS K. BOARDMAN, P.A.
Account Number : 102350003270
Phone : (863)674-1027
Fax Number : (863)674-1029

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

Email Address: LUCERO69LUNA@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.
DE MI TERRA MARKET & DELI, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

12/4/21 PM 4:21
2021 DEC -2 PM 12:02
DEMI TERRA

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ARTICLES OF ORGANIZATION
OF
DE MI TERRA MARKET & DELI, LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form a single member limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be DE MI TERRA MARKET & DELI, LLC.

ARTICLE II

The mailing address of the company and the street address of the principal office will be 785 A Road, LaBelle, Florida 33935.

ARTICLE III

DURATION

This limited liability company shall become effective January 3, 2022, and exist until October 31, 2059, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY:

Thomas K. Boardman
THOMAS K. BOARDMAN, P.A.
P.O. Box 2197
LaBelle, Florida 33975
(863) 674-1027
Florida Bar No. 103581

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ARTICLE IV

MANAGEMENT

This limited liability company shall be managed by its member. The name and address of its Authorized Member is as follows:

Lucero Luna
785 A Road
LaBelle, FL 33935

ARTICLE V

RESTRICTIONS ON MEMBERSHIP


The Member shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

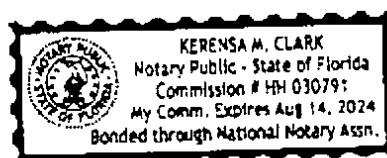
Executed by the undersigned at LaBelle, FL on December 2, 2021.

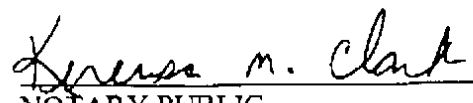


Lucero Luna

STATE OF FLORIDA
COUNTY OF HENDRY

The foregoing instrument was sworn to and acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 2 day of December, 2021, by Lucero Luna, who is ☒ personally known to me or ☐ who has produced _____ as identification.





NOTARY PUBLIC
Name: Kerensa M. Clark

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: DE MI TERRA MARKET & DELL LLC
2. The name and address of the registered agent and office is:

LUCERO LUNA

(Name)

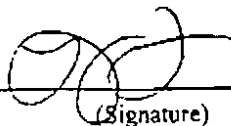
785 A Road

(P.O. Box not acceptable)

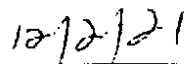
LaBelle, Florida 33935

(City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.



(Signature)



(Date)

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