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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPERTAX Account Number : I20200000010 Phone : (407)777-7470 Fax Number : (321)206-9743

\*\*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. MEV'S FOODS COMPANY LLC

Certificate of Status	1
Certified Copy	0
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#### **COVER LETTER**

	ew Filing Sec vision of Co				
SUBJECT:		OODS COMPANY LLC			
SUBJECT		Name of Lir	nited Liabili	ty Company	<del></del>
The enclose	ed Articles of	Organization and fee(s) ar	e submitted	for filing.	
Please retur	n all corresp	ondence concerning this ma	atter to the f	ollowing:	
	MARIA EU	GENIA VARGAS DE HE	RNANDEZ	;	
			Name of	Person	
			Firm/Co	mpany	
	3601 VINE	.AND RD			
			Addre	ess	<del></del>
	ORLANDO	, FL 32837			
		C	ity/State and	d Zip Code	
_	]	E-mail address: (to be used	for future a	nnual report notificat	ion)
For further in	formation co	ncerning this matter, please	e call:		
	MARIA E.V	ARGAS DE HERNA	407	485-2923	
-	Nam		rea Code	Daytime Telephon	e Number
Enclosed is	a check for t	he following amount:			
□\$125.00	Filing Fec	■\$130.00 Filing Fee & Certificate of Status	Certific	i.00 Filing Fee & ed Copy il copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



### H220001615303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A	RT.	ICLE	. 1 -	Name	:
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The name of the Limited Liability Company is:

#### MEV'S FOODS COMPANY LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

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

#### Principal Office Address:

Mailing Address:

3601 VINELAND RD	11515 WINGHAM CT
ORLANDO, FL 32837	ORLANDO, FL 32837

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARIA EUGENIA VARGAS DE HERNANDEZ

Name

11515 WINGHAM CT

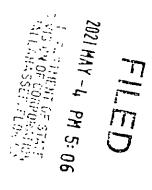
Florida street address (P.O. Box NOT acceptable)

ORLANDO FLORIDA 32837
City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

## H220001615303

'AMBR" = Ant	Name and Address: thorized Member
MGR* = Mana	*** **********
MBR	
MDK	MARIA EUGENIA VARGAS DE HERNANDEZ 11515 WINGHAM CT
	ORLANDO, FL 32837
MBR	LUIS FELIPE HERNANDEZ VARGAS
	11515 WINGHAM CT
	ORLANDO, FL 32837
MBR	LEONARDO JOSE HERNANDEZ SIDERGTE
	11515 WINGHAM CT
	ORLANDO, FL 32837
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