

H22000161530 3

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**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.**

(((H22000161530 3)))



H220001615303ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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
Page Count	04
Estimated Charge	\$130.00

RECEIVED

2022 MAY -4 PM 1:39

DIVISION OF CORPORATIONS  
 SUPPLY OF COMMERCIAL  
 INFORMATION SERVICES

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 101 AMSTERDAM BLVD  
 TALLAHASSEE, FL 32304

2021 MAY -4 PM 5:06

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H22000161530 3

H22000 161530 3

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: MEV'S FOODS COMPANY 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:

**MARIA EUGENIA VARGAS DE HERNANDEZ**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**3601 VINELAND RD**

\_\_\_\_\_  
Address

**ORLANDO, FL 32837**

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MARIA E. VARGAS DE HERNA**      **407**      **485-2923**

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional 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

2021 MAY -4 PM 5:06  
FILED  
TALLAHASSEE FL 32303  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

H22000 161530 3

H220001615303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MEV'S FOODS COMPANY LLC

(Must contain 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:3601 VINELAND RD  
ORLANDO, FL 32837Mailing Address:11515 WINGHAM CT  
ORLANDO, FL 32837

## ARTICLE III - Registered Agent, Registered Office, &amp; 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 CTFlorida street address (P.O. Box **NOT** acceptable)ORLANDOFLORIDA32837

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.

MV

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2021 MAY -4 PM 5:06  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

H220001615303

H220001615303

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MBR

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

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

MV

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.

MARIA EUGENIA VARGAS DE HERNANDEZ

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2021 MAY -4 PM 5:06

FILED

H220001615303