(Req	juestor's Name)		
(Add	ress)		
(Add	lress)		
(City	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only

T. SCOTT JUL 0 8 2022



400390618704

67,500 70 | 61602- 612 | **♦≠1**25.00

RECEIVED

2022 JUL _8 PH 5: 0%

COVER LETTER

	ew Filing Section division of Corporations	
end wet	AC Food industry Consulting LLC	
SUBJECT	Name of Limite	ed Liability Company
The enclos	sed Articles of Organization and fec(s) are s	ubmitted for filing.
Please retu	urn all correspondence concerning this matte	er to the following:
	Andrea C. Zapata Gonzalez	
		Name of Person
	AC Food industry Consulting LLC	
		Firm/Company
	3500 Mystic Point Dr Apt 3302	
		Address
	Aventura Fl 33180	
	•	y/State and Zip Code
	info@jcbsolutionsinc.net E-mail address: (to be used fo	or future annual report notification)
For further i	information concerning this matter, please c	
	Andrea C. Zapata Gonzalez 866	296-1833
		a Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
□\$125.00	0 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

P.O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	try Consulting LLC			
(Mus	t contain the words "Limited Liabi	ity Company, "L.L.C.,"	or "LLC.")	
RTICLE II - Address:				
he mailing address and st	reet address of the principal office	of the Limited Liability (Company is:	
Principal Office Address:			Mailing Address:	
3500 Mustic Pa	sint Dr Ant 3302	3500 Mystic P	oint Dr Apt 3302	
3500 Mystic Point Dr Apt 3302				
The Limited Liability Cor	ed Agent, Registered Office, & R mpany cannot serve as its own Reg th an active Florida registration.)	Aventura Fl 3. Pgistered Agent's Signa stered Agent. You must o	ture:	
RTICLE III - Registere The Limited Liability Cornother business entity wi	ed Agent, Registered Office, & R mpany cannot serve as its own Reg th an active Florida registration.)	gistered Agent's Signa stered Agent. You must	ture:	
RTICLE III - Registere The Limited Liability Cornother business entity wi	ed Agent, Registered Office, & R mpany cannot serve as its own Reg	gistered Agent's Signa stered Agent. You must	ture:	
RTICLE III - Registere The Limited Liability Cornother business entity wi	ed Agent, Registered Office, & R mpany cannot serve as its own Reg th an active Florida registration.)	egistered Agent's Signa stered Agent. You must o	ture:	
RTICLE III - Registere The Limited Liability Cornother business entity wi	ed Agent, Registered Office, & R mpany cannot serve as its own Reg th an active Florida registration.) street address of the registered age	egistered Agent's Signa stered Agent. You must nt are:	ture:	
RTICLE III - Registere The Limited Liability Cornother business entity wi	ed Agent, Registered Office, & R mpany cannot serve as its own Reg th an active Florida registration.) street address of the registered age JC Business Solutions Inc	egistered Agent's Signa stered Agent. You must o nt are:	ture:	
RTICLE III - Registere The Limited Liability Cornother business entity wi	ed Agent, Registered Office, & Repany cannot serve as its own Registration.) street address of the registered age JC Business Solutions Inc.	egistered Agent's Signa stered Agent. You must of are:	ture: designate an individual or	
RTICLE III - Registere The Limited Liability Cornother business entity wi	ed Agent, Registered Office, & Repany cannot serve as its own Registration.) street address of the registered age JC Business Solutions Inc. Na 7500 NW 25th ST Suite 2	egistered Agent's Signa stered Agent. You must of are:	ture: designate an individual or	

(CONTINUED)

Registered Agent's Signature (REQUIRED)



ARTICLE IV-

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

Title:		Name and Address:
	thorized Member	
"MGR" = Mai	nager	
MGRM		Andrea C. Zapala Gorzaler
		3500 Mysic Point Or Apt 3302 Aventura Ft 33180
		Manual
	,	
		
-		
		
(Use attachme	ent if necessary)	
		ege (Obrightal)
ARTICLE V: Effective	date, if other than the date of	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after
(If an effective date is I the date of filing.)	isted, the date must be spec	me and cannot be more than tive business days prior to or 90 days after
Note: If the date inser	ted in this block does not me	et the applicable statutory filing requirements, this date will not be listed as
the document's effective	ve date on the Department of	State's records.
me document 5 creen	talle on the isepation on the	
ARTICLE VI: Other pr	ovisions, if any.	
		
		
REQUIRED	SIGNATURE:	
		iber or an authorized representative of a member.
		d in accordance with section 605.0203 (1) (b), Florida Statutes.
	- i am aware mar any raise n - constitutes adhird llegree f	nformation submitted in a document to the Department of State follows as provided for it's 817.155. F.S.
	1-14-12	Telony as provided for ins. 817.155, F.S.
		Typed or printed name of signee

Filing Fees: