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Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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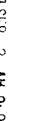
FLORIDA LIMITED LIABILITY CO. MED MEALS, LLC

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OFORCANIZATION FOR FUORIDA LIMITED LIABILITY COMPANY AR

RTICLES OF ORGANIZATION FUR I	KTOKIDA TAMBER TA	milani comina
ARTICLE I - Name: The name of the Limited Liability Company	is:	
Med Meals, LLC Must end with the words "Limited Liability Company. "Li	mited Company" or their abbreviation	"L.L.C," or "L.C")
	• •	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
8500 SW 51 Terrace	6500 SW 51 Terrace	
Mami, Porlda 33155	Miami, Florida 33155	
2600 Douglas Road, Si	& Partners, LLC	ible)
Coral Gables	FL 33134	
City, St	tate, and Zip	-
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d to accept service of process d in this certificate, I hereby a pacity. I further agree to com	ply with the provisions of all and I am familiar with and for in Chapter 608, ES
(CON	TINUED)	91.05 50.16

Page 1-of 2

ARTICLE IV- Manager(s) or Managing Member	ARTICLE	IV- Manag	er(s) or l	Managing	Member(s):
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The name and address of each Manager or Managing Member is as follows:

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	5, 2022	5, 2022 (