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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
		
Special Instructions t	o Filing Officer:	
		J.

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DIVISION OF CORPORATIONS

22 SEP 21 PM 3: 41

· Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO | Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 9/21/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1073174

ORDER ENTITY

JUST SALAD 3737 NW 87TH AVENUE LLC

PLEASE PERFORM THE FOLLOWING SERVICES: JUST SALAD 3737 NW 87TH AVENUE LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:____

\$155.00 Authorized

Email address for annual report reminders: Lisa@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Just Salad 3737 NW	' 87th Avenue LLC			
(Must con	tain the words "Limited I	Liability Company, "	L.L.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and street a	iddress of the principal o	ffice of the Limited I	Liability Company is:	
Principal Office Address:			Mailing Address:	
c/o Just Salad LLC			ist Salad LLC	
663 Lexington Aver			exington Avenue	
New York, NY 1007	77	New	York, NY 10022	
- <u></u>				
RTICLE III - Registered Ag	gent, Registered Office, or y cannot serve as its own active Florida registration address of the registered	& Registered Agent Registered Agent, Y		
RTICLE III - Registered Ag The Limited Liability Compan- nother business entity with an	gent, Registered Office, or y cannot serve as its own active Florida registratio	& Registered Agent. Yon.) I agent are:	t's Signature:	
RTICLE III - Registered Ag The Limited Liability Compan- nother business entity with an	gent, Registered Office, or y cannot serve as its own active Florida registration address of the registered	& Registered Agent Registered Agent, Y	t's Signature:	
RTICLE III - Registered Ag the Limited Liability Compan- tother business entity with an	gent, Registered Office, or y cannot serve as its own active Florida registration address of the registered NRAI Services, Inc	& Registered Agent Registered Agent, Y on.) Lagent are: Name	t's Signature: ou must designate an individual or	
RTICLE III - Registered Ag The Limited Liability Compan- nother business entity with an	gent, Registered Office, or cannot serve as its own active Florida registration address of the registered NRAI Services, Inc.	& Registered Agent Registered Agent, Y on.) Lagent are: Name	t's Signature: ou must designate an individual or	
RTICLE III - Registered Ag The Limited Liability Compan- nother business entity with an	gent, Registered Office, or y cannot serve as its own active Florida registration address of the registered NRAI Services, Inc	& Registered Agent Registered Agent, Y on.) Lagent are: Name	t's Signature: ou must designate an individual or	

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.

Lisa A. Delaney

Registered Agent (Signature (REQUIRED))

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Member Just Salad LLC 663 Lexington Avenue New York, NY 10022 (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:

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.

Just Salad LLC, Sole Member by: Nick Kenner, CEO
Typed or printed name of signee

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)