L22000438210

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/04/22--01017--020 **180.00

2022 OCT = \$ AHTT: 34

COVER LETTER

·· <u> </u>		f Limi	ted Liabil	ity Company		
sed Articles o	f Organization and fee(s	s) are :	submitted	for filing.		
Richelande	Germain					
			Name of	Person		_
			Firm/Cor	npany		
6812 Ambas	ssador DR					
		_	Addre	SS		
Orlando, Flo	orida 32818					
germainrichal	ance@yahoo.com	City	/State and	Zip Code		
-	E-mail address: (to be us	sed fo	r future ar	mual report notificat	ion)	<u>-</u>
nformation co	neerning this matter, ple	ease ci	ıll:			
Richelande G			,			
Name		`—	Code			
a check for th	ne following amount:					
Filing Fee	□\$130.00 Filing Fee Certificate of Status		Certified	l Copy	Certificate of Statu Certified Copy	s &
					vicion	20
	Division of Co Germain T: Germain T: Germain T: Germain Times Ti	Name of Seed Articles of Organization and feets are all correspondence concerning this Richelande Germain 6812 Ambassador DR Orlando, Florida 32818 germainrichalance@yahoo.com E-mail address: (to be unformation concerning this matter, ple Richelande Germain at Name of Person is a check for the following amount: Filing Fee \$130.00 Filing Fee	Germain Food Services T: Name of Limi Seed Articles of Organization and fee(s) are surn all correspondence concerning this matter. Richelande Germain	Division of Corporations Germain Food Services T: Name of Limited Liabil Name of Richelande Germain Name of Name of Firm/Con 6812 Ambassador DR Addre Orlando. Florida 32818 City/State and germainrichalance@yahoo.com E-mail address: (to be used for future ar information concerning this matter, please call: Richelande Germain 321 at (Division of Corporations Germain Food Services T: Name of Limited Liability Company seed Articles of Organization and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: Richelande Germain Name of Person Firm/Company 6812 Ambassador DR Address Orlando, Florida 32818 City/State and Zip Code germainrichalance@yahoo.com E-mail address: (to be used for future annual report notificat information concerning this matter, please call: Richelande Germain Name of Person Area Code Daytime Telephor a check for the following amount: Filing Fee	Germain Food Services T: Name of Limited Liability Company seed Articles of Organization and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: Richelande Germain Name of Person Firm/Company 6812 Ambassador DR Address Orlando. Florida 32818 City/State and Zip Code germainrichalance@yahoo.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Richelande Germain 321 Area Code Daytime Telephone Number a check for the following amount: Filing Fee S130.00 Filing Fee & Certificate of Status Certificate of Status Mailing Address Street Address Street Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Germain Fo	od Services, L.L.C			
(A	Aust contain the words "Limited	d Liability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Addres The mailing address and	s: I street address of the principal	office of the Limited	l Liability Company is:	
	Principal Office Address:		Mailing Address:	
6812 Ambas	sador Drive	681	2 Ambassador Drive	
Orlando,Flor	rida 32818		ndo, Florida 32818	
(The Limited Liability C another business entity	ered Agent, Registered Office Company cannot serve as its ow with an active Florida registrati la street address of the registere Debreus Services	n Registered Agent. on.)	nt's Signature: You must designate an individud	tl or
(The Limited Liability Canother business entity	Company cannot serve as its ow with an active Florida registration as street address of the registere Debreus Services	n Registered Agent. on.) d agent are:	nt's Signature: You must designate an individud	tl or
(The Limited Liability Canother business entity	Company cannot serve as its ow with an active Florida registration as street address of the registere and the registere of th	n Registered Agent. on.) d agent are:	You must designate an individua	tl or
(The Limited Liability C another business entity	Company cannot serve as its ow with an active Florida registration as street address of the registere and the registere of th	n Registered Agent. on.) d agent are: Name	You must designate an individua	tl or
(The Limited Liability C another business entity	Company cannot serve as its ow with an active Florida registration as street address of the registere and the registere of th	n Registered Agent. on.) d agent are: Name te F ss (P.O. Box NOT ac	You must designate an individue	tl or

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\$ 5.00 Certificate of Status (Optional)

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Richeland Germain
AMBR	Yves Charlemagne
	
(If an effective date is listed, the date must be s	te of filing:
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be s the date of filing.)	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be s the date of filing.) Note: If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
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ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be s the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen ARTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fals constitutes a third degree. Wes.	meet the applicable statutory filing requirements, this date will not be at of State's records. Tember of an authorized representative of a member, ated in accordance with section 605.0203 (1) (b). Florida Statutes, are information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.

Date of this notice: 09-28-2022

Employer Identification Number: 88-4126029

Form: SS-4

Number of this notice: CP 575 B

GERMAIN FOOD SERVICES RICHELANDE GERMAIN MBR 6812 AMBASSADOR DR ORLANDO, FL 32818

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-4126029. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1065 03/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 IRBB. 1 for superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 3832, Entity Classification Election.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- . Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- · Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is GERM. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

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Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 09-28-2022 () –

EMPLOYER IDENTIFICATION NUMBER: 88-4126029 FORM: SS-4

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INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

GERMAIN FOOD SERVICES RICHELANDE GERMAIN MBR 6812 AMEASSADOR DR ORLANDO, FL 32818