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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JOSHUA.TEJADA@SERVIUSACORP.COM

2022 NOV 14 PM 12:35

FLORIDA LIMITED LIABILITY CO.
FOOD AND DELIVERY LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

2022 NOV 14 PM 01:19

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

FOOD AND DELIVERY 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:	Mailing Address:
210 NE 45TH ST OAKLAND PARK, FL 33334	210 NE 45TH ST OAKLAND PARK, FL 33334

ARTICLE III - Registered Agent, Registered Office, & 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:

SERVI USA CORP
Name

210 NE 45TH ST
Florida street address (P.O. Box NOT acceptable)

OAKLAND PARK	FL	33334
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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
AMBR	CHERYL CATALINA BUITRAGO ALMANZA CALLE 74 B NO. 69 P 64, BARRIO LAS FERIAS BOGOTA, COLOMBIA
AMBR	LUIS GABRIEL CALDERON GONZALEZ CALLE 74 B NO. 69 P 64, BARRIO LAS FERIAS BOGOTA, COLOMBIA
AMBR	SUSHI BOGOTA SAS CALLE 74 B NO. 69 P 64, BARRIO LAS FERIAS BOGOTA, COLOMBIA

(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.

LUIS GABRIEL CALDERON
Typed or printed name of signee

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