

L23000348405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

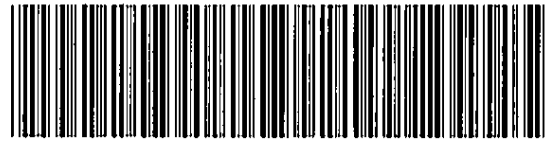
(Document Number)

Certific Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800412441068

2023 JUL 24 AM 8:15
07/24/23--01003--013 **155.00

2023 JUL 24 AM 11:53

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 7/24

XX CERTIFIED COPY

PHOTOCOPY

CUS

XX FILING

LLC

1. VEGGIE GATOR LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I.

The name of the Limited Liability Company is:

VEGGIE GATOR LLC

ARTICLE II.

The address and street address of the principal office of the Limited Liability Company is:

3374 N ACCESS ROAD

ENGLEWOOD FL 34224

The mailing address of the Limited Liability Company is:

3374 N ACCESS ROAD

ENGLEWOOD FL 34224

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV.

The name and the Florida street address of the registered agent are:

SZEREMYNE JAKAB, MONIKA

3374 N ACCESS ROAD

ENGLEWOOD FL 34224

FILED
2023 JUL 24 AM 8:15
CLERK OF COURT
JUL 24 2023

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.

Leah Ann Galt

Registered Agent's Signature

01-20-2023

Date

ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: MGRM

SZEREMYNE JAKAB, MONIKA

3374 N ACCESS ROAD

ENGLEWOOD FL 34224

Leah Ann Galt

2023 JUL 24 AM 8:15
CLERK

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Deke Ayub

Signature of a member or an authorized representative of a member.

MONICA STEPHENIE JAVAB

Typed or printed name of signee

07-10-2023

Date

2023 JUL 24 AM 8:15
S. 11
2023 JUL 24
2023 JUL 24