Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002897643)))



H230002897643AEC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:

FLORIDA LIMITED LIABILITY CO. FLORIDA RAW FOOD LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

S

VIKINGTEZ OE OLGUNINALION EOU EFORIDA FIMILED I TABIFLI A COMILADA.

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA RAW FOOD 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:
10754 NW 85th TERRACE	
#2	SAME
DORAL, Fl. 33178	

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:

| Name | 10754 NW 85th TERRACE #2 | Florida street address (P.O. Box NOT acceptable) | | DORAL | FL | 33178 | | 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 heraby accept the appointment as registered agenf 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 abligations of my position as registered agenf as provided for in Chapter 605, F.S..

Registered Agent's Signalate (REQUIRED)

(CONTINUED)

The same of the sa

ADIL SON DIEGO MENDEZ CEVEDO 10754 NW 85th TERRACE 12 DORAL, FL 33178 GABRIEL JAIME BOTERO ROMERO 10754 NW 85th TERRACE 12 DORAL, FL 33178 GLORIA CECILIA MORENO DIAZ 10754 NW 85th TERRACE 12 DORAL, FL 33178	
10734 NW 85th TERRACIE #2 DORAL, FL 33178 GLORIA CECILIA MORENO DIAZ. 10754 NW 85th TERRACIE #2 DORAL, FL 33178	
DORAL, FL 33178	
	; ;
filing	
Tadface Mil	
thef or an authorized representative of a member. If h accordance with section 605,0203 (1) (b), Florida Statu iformation submitted in a document to the Department of S elony as provided for in 3,317,155, F,S	iles. Late
111111111111111111111111111111111111111	ber or an authorized representative of a member. The accordance with section 605.0203 (1) (b), Florida Statisformation submitted in a document to the Department of S