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COVER LETTER

		COVERTEE	LK	
	ew Filing Section ivision of Corporations			
SUD IUGT	Salads And More 904 & A	C.		
SUBJECT	Name	of Limited Liabil	ity Company	
The enclose	ed Articles of Organization and fee	de) are cubmitted	for filing	
	rn all correspondence concerning t		-	
r rease reta	Yalera Robinson-Shorter	ms matter to the	onowing.	
	r alera Robinson-Shorter	Name of	Parenn	
	Salads And More 904	; varie or	Terson	
	Salads Alid More 704	Firm/Co	mpany	
	100 LaVilla Center Dr	, , , , , ,		
		Addr	ess	
	Jacksonville Fl. 32204			
		City/State an	d Zip Code	
	tossitupinthe904@gmail.com			
			innual report notification	1)
For further in	nformation concerning this matter,	please call:		
	Yalera Robinson-Shorter	786 at (644-3804 _)	
	Name of Person	Area Code	Daytime Telephone	Number
Enclosed is	s a check for the following amount:			
□\$125.00	Filing Fee S130.00 Filing I Certificate of State	us Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Divi The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil			
Salads And More 9	04 KLC		
(Must cor	ntain the words "Limited	Liability Company	v, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street	address of the principal o	ffice of the Limite	ed Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
100 LaVilla Center	Dr	21.	23 Kingswood Rd
Jacksonville Fl 322 ARTICLE III - Registered Ag The Limited Liability Compan	gent, Registered Office, by cannot serve as its own	& Registered Ag Registered Agent	sksonville Fl. 32207
Jacksonville Fl 322 ARTICLE III - Registered Ay The Limited Liability Companion their business entity with an	gent, Registered Office, ny cannot serve as its own active Florida registratio	& Registered Ag Registered Agent	eksonville Fl. 32207 ent's Signature:
Jacksonville Fl 322 ARTICLE III - Registered Ay The Limited Liability Companion their business entity with an	gent, Registered Office, ny cannot serve as its own active Florida registratio	& Registered Ag Registered Agent in.)	eksonville Fl. 32207 ent's Signature:
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Jacksonville Fl 322 ARTICLE III - Registered Ay The Limited Liability Companion their business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration address of the registered Yalera Robinson-Sho	& Registered Ag Registered Agent on.) I agent are: orter Name	ent's Signature: . You 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..

Registered Agent's Signature (REOUIRED)

(CONTINUED)



ARTICLE IV-

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

"MGR" = Manager MGR Yalera Robinson-Shorter 2123 Kinaswood Rd Jacksonville F1 32207 (Use attachment if necessary) ELE V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list runtent's effective date on the Department of State's records. ELE 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. Yalera Robinson-Shorter Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certified Copy (Optional)	Title:	Name and Address:	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
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(Use attachment if necessary) I.E.V: Effective date, if other than the date of filing: [Nective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a sof filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list unsent's effective date on the Department of State's records. I.E.VI: Other provisions, if any. REQUIRED SIGNATURE:		2123 Kingswood Rd	
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