

SOUTHERN PROTEINS LLC Certificate of Status 1 Certified Copy 0 Page Count 03



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ARTICLES OF ORGANIZATION 2024 FEB 29 PM 12: 37 FOR SEURE FARY OF STATE FLORIDA LIMITED LIABILITY COMPANY EIN: 99-1631401

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHERN PROTEINS LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability

| <u>8450 NW</u> | 68 st | SUITE. | H4 | 1 dia |
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| <u>Eloripa</u> | 33166 | | , | |

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limitea Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity

PINAN MAN lsst 8450 68 st suite #4 Miami FLORIDA . 33166

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

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| <u>Required Signatures:</u> | Λ |
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Signature of a member or an authorized representative of a member.

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.

OS MANY ESTOPINAN Typed or printed name of signee

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 agen: as provided for

in Chapter 605, F.S.. 2024 FEB 29 PH 12: Registered Agent's Signature (REQUIRED)

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