

624000141720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

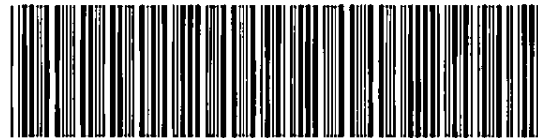
(Document Number)

Certified Copies _____

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Office Use Only



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2024 MAR 27 PM 4:52
TALLAHASSEE, FL
OFFICE OF THE
CLERK OF THE
SUPREME COURT

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DIRECTOR'S OFFICE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00

AUTHORIZATION SIGNATURE: _____

Friends and Food LLC

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ **Certified Copy of Articles of**

___ **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

__X__ Limited Liability

___ Domestication

___ Other

___ LLLP

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Reinstatement

___ Trademark


___ Other

EXAMINER'S INITIALS: _____

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BUSINESS (Name) Document #

- | | |
|--------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait |
| <input type="checkbox"/> Photocopy | |
| <input type="checkbox"/> Certified Copy of Articles of | |
| <input type="checkbox"/> Certificate of Status | |

NEW FILINGS

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☐ Not for Profit
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- ☐ Foreign Filing
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☐ Reinstatement
☐ Trademark
☐ Other

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CLERK OF STATE
TALLAHASSEE, FL

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EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Friends and Food LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Witt

Name of Person

Harold Bollaci PC

Firm/Company

400 Post Ave, Suite 210

Address

Westbury NY 11590

City/State and Zip Code

closings@bollacilegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Witt

332

400-7633

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 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 Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
SECRETARY OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Friends and 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:

499 Federal Highway

Boca Raton, FL 33432

Mailing Address:

499 Federal Highway

Boca Raton, FL 33432

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:

Ralph J Deluca III

Name

499 Federal Highway

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton

FL

33432

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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STATE CLERK OF STATE
TALLAHASSEE, FL

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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:

MGR

Ralph J Deluca III
499 Federal Highway
Boca Raton, FL 33432

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/27/2024 (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 Statute.
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.

Ralph J Deluca III

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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DEPARTMENT OF STATE
TALLAHASSEE

FILED