## L74000175613

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
, 
1. Nw 1. a
Office Use Only



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2024 APR 17 PT12: 08

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RECEIVED



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 04/17/24

Order #: 1486620-5

Re: NAPLES EAST FOODS LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$160.00 - FL State Account Number:

1200000001.957 AUTHSOME COMES.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

		C	OVER LET	TER			
	iew Filing So Division of Co						
SUBJECT	Naples Ea	ast Foods LLC					
	··· <del></del>	Name of L	imited Liabil	ity Company		-	
The enclos	sed Articles o	f Organization and fee(s) a	are submitted	for filing.			
Please retu	ırn all corresp	condence concerning this n	natter to the f	ollowing:			
				<del></del>		··· <u>-</u>	-
			Name of	Person			
	Naples Eas	t Foods LLC					
			Firm/Co	mpany			•
	7301 SW 5	7th Court, Suite 520					
			Addre	ess			•
	South Mian	ni, FL 33143					
•			City/State and	l Zip Code		<u> </u>	
; =		partners.mcd.com					
		E-mail address: (to be use	d for future a	nual report notificat	tion)		
For further in	nformation co	oncerning this matter, pleas	se call:				20.
	Rene Veliz	at (	305	798-1852		• • • •	24 jig
	Nan	ne of Person	Area Code	Daytime Telephon	ne Number		7
Enclosed is	a check for t	he following amount:				1,	II .7
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	E\$160.00 Certificate Certified Co	of Status & opy	is De

Mailing Address
New Filing Section
Division of Corporations

• . . . .

Street Address
New Filing Section Division
The Centre of Tallahassee

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabili	ty Company is:			
Naples East Foods I	.LC			
		Liability Compa	iny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Lim	ited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
7301 SW 57th Court	, Suite 520		7301 SW 57th Court, Suite 520	
Suite 520			Suite 520	
South Miami, FL 33	143		South Miami, FL 33143	
	Corporation Service	Name Name		
	1201 Hays Street	(B O B 110	<del></del>	
	Florida street addre	ss (P.O. Box <u>NO</u>	T acceptable)	
	Tallahassee	FL	32301	
	City	State	Zip	
lace designated in this certificate, urther agree to comply with the pr	I hereby accept the app ovisions of all statutes r	vointment as regi relating to the pro as registered ag	the above stated limited liability compar stered agent and agree to act in this capa oper and complete performance of my dut ent as provided for in Chapter 605, F.S	city 1
	<del></del>	tared Agent's Ci-	nature (REQUIRED)	

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Authorized Member	Rene Veliz 7301 Southwest 57 Court, Suite 520 Miami, FL 33143	- -
Authorized Member	Angel Veliz 7301 Southwest 57 Court, Suite 520 Miami, FL 33143	- -
		<b>-</b> -
		-
(Use attachment if necessary)  LE V: Effective date, if other than the diffective date is listed, the date must be	date of filing: (OPTIONAL)	
LEV: Effective date, if other than the diffective date is listed, the date must be e of filing.)	ot meet the applicable statutory filing requirements, this date will and	
LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does not	ot meet the applicable statutory filing requirements, this date will and	
LE V: Effective date, if other than the deffective date is listed, the date must be to of filing.)  If the date inserted in this block does not ument's effective date on the Department.  LE VI: Other provisions, if any.	ot meet the applicable statutory filing requirements, this date will not ent of State's records.	
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LE V: Effective date, if other than the defective date is listed, the date must be e of filing.)  If the date inserted in this block does not ument's effective date on the Department.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exert am aware that any face.	member of an authorized representative of a member.  secuted in accordance with section 605.0203 (1) (b), Florida Statutes.  also information submitted in a document to the Department of State.	be 2004/MR 17 57712: 01