CZ4000 203488

(F	Requestor's Name)	
(/	Address)	
(F	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
([Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions t	o Filing Officer:	

Office Use Only



100428441661

024 HAY -7 AM 9:

DIRTATION ATTICE

RECEIVED

63

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Boriken Deli 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:	
Lydia Guerrero Name of Person	
Name of Person	
Firm/Company	
4445 Arlington Park Dr. Address	
Address	
La Keland, Florida 3380/ City/State and Zip Code	
revdf45@ 191100 com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	•
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status	
(additional copy is enclosed) Certified Copy	ח
Mailing Address New Filing Section Street Address New Filing Section Division	
Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 3800. USHWY98NSte.688 4445 Arlington Park Dr. LAKELAND HI 33809 Lakeland Phorida 33801
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:
(CONTINUED) CONTINUED) (CONTINUED) (CONTINUED)

"AMBR" = Authorized Member	
"MGR" = Manager Manager	Gyerre, Lydia 1445 Hrlington Park Dr. 1akeland, 1-1 33801
Authorized Member	Friquena, David 1945 Arling Pork Dr.
(Use attachment if necessary)	
LE V: Effective date, if other than the da ffective date is listed, the date must be s of filling.) If the date inserted in this block does not	the of filing: May 2, 2004. (OPTIONAL) specific and cannot be more than five business days prior to or 90 days a t meet the applicable statutory filing requirements, this date will not be listed to of State's records.
LE V: Effective date, if other than the da ffective date is listed, the date must be se e of filing.) If the date inserted in this block does not ument's effective date on the Department	specific and cannot be moré than five business days prior to or 90 days a t meet the applicable statutory filing requirements, this date will not be liste
LE V: Effective date, if other than the da ffective date is listed, the date must be se of filing.) If the date inserted in this block does not sument's effective date on the Department	specific and cannot be moré than five business days prior to or 90 days a t meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) If the date inserted in this block does not sument's effective date on the Department's effective date on the Department'	specific and cannot be moré than five business days prior to or 90 days a t meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) If the date inserted in this block does not sument's effective date on the Department's effective date on the Department'	t meet the applicable statutory filing requirements, this date will not be listent of State's records. Adam Adam Adam of State and authorized representative of a member. The provided in accordance with section 605.0203 (1) (b), Florida Statutes are information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.

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

ARTICLE IV-

5 5.00 Certificate of Status (Optional)