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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

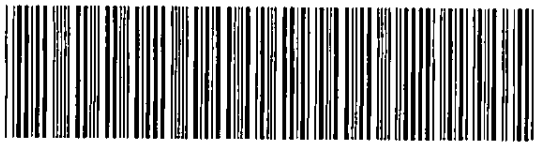
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon
(850) 524-5437 Teresa
(850) 524-6243 Rich

Please use funds from account: I20210000160: $130.00
Authorization Signature: James Kuhn

Business Name: Treasure Coast Salads, LLC
Document #
___Certified Copy
_X__Certificate of Status

NEW FILINGS	&	**AMENDMENTS**
___Profit Corp		___Amendment
___Not for Profit		___Resignation / Dissociation
_X__Limited Liability		___Change of Registered Agent
___Domestication		___Dissolution for LLC
___LLLP		___Merger
___Corp		___Articles of Conversion
___Inc		___Amended & Restated Articles of Incorporation
___Other		___Statement of Correction
APOSTILLE(s)	&	**OTHER FILINGS**
___Apostille(s)		___Foreign Filing LLC
___Country(s)		___Reinstatement
		___Qualification
		___Fictitious Name
		___Annual Report

EXAMINER'S INITIALS:____

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TALLAHASSEE, FL 32309

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		___Fictitious Name
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EXAMINER'S INITIALS:____

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Treasure Coast Salads, 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:

Gerardo Rodriguez-Albizu, Esq.
Name of Person

Rodriguez-Albizu Law, P.A.
Firm/Company

759 SW Federal Highway, Suite 321
Address

Stuart, FL 34994
City/State and Zip Code

grodriguez@ralawpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerardo Rodriguez-Albizu, Esq. at (772) 261-5080
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Treasure Coast Salads, 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:	**Mailing Address:**
1473 SW Dow Lane	P.O. Box 880517
Port St. Lucie, FL 34953	Port St. Lucie, FL 34988

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:

Rodriguez-Albizu Law, P.A.
Name

759 SW Federal Highway, Suite 321
Florida street address (P.O. Box **NOT** acceptable)

Stuart	FL	34994
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)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Jeffrey Espinola P.O. Box 880517 Port St. Lucie, FL 34988
MGR	Leilane Espinola P.O. Box 880517 Port St. Lucie, FL 34988

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 23, 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 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.

Gerardo Rodriguez-Albizu, Esq.
Typed or printed name of signee

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)