

124000476682

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000375581 3)))



H240003755813ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES, INC

Account Number : 120220000138

Phone : (786)239-9353

Fax Number : (305)675-8465

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: AIMET@EXPRESSTAXSVCS.COM

**FLORIDA LIMITED LIABILITY CO.
R & W FOOD MART LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2024 NOV 12 PM 12:35

FILED

2024 NOV 12 AM 10:18

TALLAHASSEE, FL

13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: R & W FOOD MART 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:

RAMY A. AWAD

Name of Person

R&W FOOD MART LLC

Limit Company

14495 NW 22nd AVE

Address

OPA LOCKA, FL 33054

City/State and Zip Code

AIMET@EXPRESSTAXSVCS.COM

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

For further information concerning this matter, please call:

RAMY A. AWAD

305

896-9707

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)

Note:

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

FILED
2024 NOV 12 AM 10:18
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R & W FOOD MART 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:

14495 NW 22nd AVE

14495 NW 22nd AVE

OPA LOCKA, FL 33054

OPA LOCKA, FL 33054

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:

RAMY A. AWAD

Name

14495 NW 22nd AVE

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

OPA LOCKA

FL

33054

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 **his** 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, FS**

Ramy A. Awad

Registered Agent's Signature **(REQUIRED)**

(CONTINUED)

SUBJECT

THESE

FILED
2024 NOV 12 AM 10:18
TALLAHASSEE, FL

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

Name: AMBR

Address:

Effective date of filing:

Note: If the

document is

ARTICLE

ARTICLE

RAMY A. AWAD14495 NW 22nd AVEOPA LOCKA, FL 33054

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

ANY AND ALL LAWFUL BUSINESS**REQUIRED SIGNATURE:**Ramy A. Awad

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.

RAMY A. AWAD

Typed or printed name of signee

Filing Fees:

Filing Fee for Articles of Organization and Designation of Registered Agent

Filing Fee for Certified Copy (Optional)

Filing Fee for Certificate of Status (Optional)

2024 NOV 12 AM 10:18
 FILED
 HALLANDALE, FL
 STATE