Florida Department of State

Division of Corporations Public Access System

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.

(((H08000244994 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this

page. Doing so will generate another cover sheet.

OCT 292008

Division of Corporations

.Fax Number : (850)617-6383

EXAMINER

F'rom:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926

ORIDA/FOREIGN LIMITED LIABILITY CO.

Hispanic Food Distributors, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

3,0

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXCH LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HISPANIC FOOD DISTRIBUTORS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	bility Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting consent of the managers or managing members adopting the alternate name. The Company," "L.L.C.," "LLC.")	business in Florida and attach a copy of the written alternate name must include "Limited Liability
Delaware 3	(FEI number, if applicable)
4. October 23, 2008 (Date of Organization) 5. Perpet (Duration: exist or "pe	Year limited liability company will cease to
(Date first transacted business in Florida, if prior to (See sections 608.501 & 608.502 F.S. to determine por 7121 Fairway Drive, Suite 203	registration.) enalty liability)
Palm Beach Gardens, FL 33418 (Street Address of Principal Off	(CB)
If limited liability company is a manager-managed company, ch The name and usual business addresses of the managing membe	
Roberto Lugue	
7121 Fairway Drive, Suite 203	
Palm Beach Gardens, FL 33418	•
O. Attached is an original certificate of existence, no more than 90 days old, duly auther jurisdiction under the law of which it is organized. (A photocopy is not acceptable anslation of the certificate under eath of the translation must be submitted.)	
1. Nature of business or purposes to be conducted or promoted in	Florida:
Wholesale food distributor	,
	⇒ ₀
Signature of a member or an authorized repre (In accordance with seation 508.4086), F.S., the execution an affirmation under the penalties of perjury that the facts si	of this document constitutes and the second are true.)
Lazaro Mur, Authorized Rep Typed or printed name of sign	
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
HISPANIC FOOD DISTRIBUTORS, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	**************************************
Lazaro Mur, Esq.	
(Name)	
7121 Fairway Drive, Suite 203	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Palm Beach Gardens, FL 33416 FL	
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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5,00 Certificate of Status (optional)

PAGE :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HISPANIC FOOD DISTRIBUTORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2008.

AND I DO BEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

1615140 A300

091070312

Warriet Smith Windson, Schrelary of State of

AUTHENTICATION: 6934647

DATE: 10-27-08

)8 OCT 28 AM 8: 50