

L23000053017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

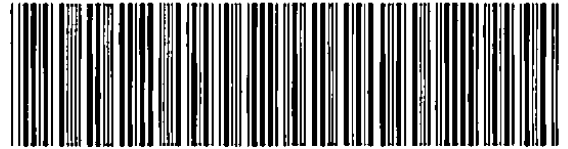
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500398710465

S CHATHAM
FEB - 5 2023

02/06/23--01001--022 **12

2023 FEB - 3 AM 11: 25
SECRETARY OF STATE
TALLAHASSEE, FL

2023 FEB - 3 PM 3: 15
ALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 02/03/2023

CERTIFIED COPY _____

PHOTOCOPY _____

CUS _____

FILING LLC _____

1. **DELOSAN FOOD LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

DELOSAN FOOD LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

Principal Office Address:

12150 SW 132 Court, Ste 212
Miami, FL 33186

Mailing Address:

12150 SW 132 Court, Ste 212
Miami, FL 33186

SECRETARY OF STATE
TALLAHASSEE, FL
2023 FEB -3 AM 11:25

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**RCG Accounting & Associates, Inc.
9000 Sheridan Street, Ste 138
Pembroke Pines, FL 33024**

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.

Deborah Rios (digital signature)

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Members/Managers

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

AMBR

MONICA SUSANA DIAZ
12150 SW 132 Court
Miami, FL 33186

2023 FEB -3 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is February 3, 2023

REQUIRED SIGNATURE:

Monica Susana Diaz (digital 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.

Monica Susana Diaz

Typed or printed name of signee