

7/19/24, 12:33 PM

Division of Corporations

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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Note: Please print this information on a cover sheet. Type the fax credit number (shown below) on the top and bottom of all pages of the document.

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : DOSSANTOS AND MACHADO, LLC  
Account Number : 120140000089  
Phone : (754)301-2128  
Fax Number : (954)252-4650

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

Email Address: INFO@GFSTAXACCT.COM

RECEIVED  
2024 JUL 19 PM 1:23  
CORPORATION  
COMMERCIAL  
SERVICES

## FLORIDA LIMITED LIABILITY CO. SUNSTATE HEALTHY FOOD LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

FILED  
SECRETARY OF STATE  
2024 JUL 19 PM 5:09

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SUNSTATE HEALTHY FOOD 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:

GILVAM F DOS SANTOS  
Name of Person

GFS TAX & ACCOUNTING SERVICES  
Firm/Company

11764 W SAMPLE RD-STE 102  
Address

CORAL SPRINGS, FL 33065  
City/State and Zip Code

INFO@GFSTAXACCT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM F DOS SANTOS 954 957 3244  
Name of Person at ( ) 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

2024 JUL 19 PM 5:01  
SECRETARY OF STATE  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUNSTATE HEALTHY FOOD 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:

11764 W SAMPLE RD-STE 102  
CORAL SPRINGS, FL 33065

Mailing Address:

11764 W SAMPLE RD-STE 102  
CORAL SPRINGS, FL 33065

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:

GFS TAX & ACCOUNTING SERVICES  
Name

11764 W SAMPLE RD-STE 102  
Florida street address (P.O. Box **NOT** acceptable)

CORAL SPRINGS      FL      33065  
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:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

AMERICAN GPM LLC  
11764 W SAMPLE RD - STE 102  
CORAL SPRINGS, FL 33065

AMBR

DARLAN PELIZZON  
440 Davis Ct #618  
San Francisco, CA 94111

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing \_\_\_\_\_ (OPTIONAL)

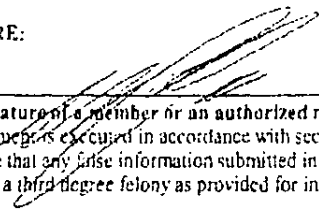
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

RESTAURANT, CATERING, DELIVERY FOOD

**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.

MATHEUS EDUARDO FRANCO CAMPOS

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)