

U25000034785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

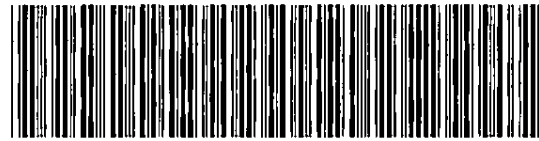
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2025 JAN 28 AM 9:47

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RECEIVED

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$125.00

Authorization Signature Jan F...

Benjis Wholesome Food LLC

Business

#Document

Walk in

\_\_\_ Will wait

\_\_\_ Certified Copies of articles

\_\_\_ Certificate of Status

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**NEW FILINGS**

- \_\_\_ Profit
- \_\_\_ Not for Profit
- X LLC
- \_\_\_ Domestication
- \_\_\_ INC
- \_\_\_ CORP
- \_\_\_ OTHER

**AMENDMENTS**

- \_\_\_ Amendment
- \_\_\_ Resignation of R.A.
- \_\_\_ Change of Registered Agent
- \_\_\_ Revocation of Dissolution
- \_\_\_ Conversion
- \_\_\_ Statement of Authority
- \_\_\_ Merger
- \_\_\_ Restated Articles

**OTHER FILINGS**

- \_\_\_ TRANSMITTAL LETTER
- \_\_\_ Fictitious Name
- \_\_\_ Statement of Authority
- \_\_\_ APOSTIL \_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

- \_\_\_ Foreign Filing
- \_\_\_ Partnership
- \_\_\_ Reinstatement
- \_\_\_ Statement of CORRECTION
- \_\_\_ Domestication of a Foreign Corp.
- \_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$125.00

Authorization Signature *Jan Full*  
Benjis Wholesome Food LLC  
Business #Document

Walk in \_\_\_\_\_ Will wait \_\_\_\_\_

\_\_\_\_\_ Certified Copies of articles

\_\_\_\_\_ Certificate of Status

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EXAMINER'S INITIALS: \_\_\_\_\_

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2025 JAN 28 PM 9:47  
S. J. ...



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Benjis Wholesome 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:

Mailing Address:

848 BRICKELL AVE STE 1130  
MIAMI, FL 33131

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MIAMI, FL 33131

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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:

BLUEMAX PARTNERS CORP  
Name

848 BRICKELL AVE STE 1130  
Florida street address (P.O. Box **NOT** acceptable)

MIAMI                      FLORIDA                      33131  
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.*

*mCull'oca*

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:**

MGR

Tandem Venture USA LLC  
848 BRICKELL AVE STE 1130  
MIAMI, FL 33131

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

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

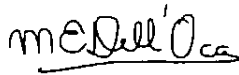
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

MARTIN E DELLOCA

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)