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.

(((H070000652703)))



H070000652703ABC.

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) 205-0383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335 Phone

: (305)599-0839

Fax Number

: (305)716-0346

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

CESAR'S HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	TCI	<b>.</b>	I-N	ame:

The name of the Limited Liability Company is:

CESAR'S HOLDINGS, LLC

(Must end with the words "Limited Liability Company," Limited Company" or their abbreviation "LLC," or "L.C.,")

#### ARTICLE II - Address:

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

### Principal Office Address:

Mailing Address;

9275 SW 8th Terrace 927
Miami, Fl 33174 Miam

9275 SW 8th Terrace
Miami, Fl 33174

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:

CESAR RODRIGUEZ

.

9275 SW 8th TERRACE

Florida street address (P.O. Elox NOT acceptable)

Miami

FL 33174

City, State, and 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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE

MAR 12 AM 8:

ARTICLE IV: Manager(s) or Managing Member (s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR"= Manager

"MGRM" = Managing Member

Name and Address:

C

CESAR A. RODRIGUEZ

9275 SW 8TH Terrace

Miami, Fl -33174

MGR

MGRM

MELBA RODRIGUEZ 9275 SW 8<sup>TH</sup> Terrace

Miami, Fl 33174

MGR

RAMON RODRIGUEZ 9275 SW 8<sup>TH</sup> Terrace Miami, Fl 33174

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.)

REQUIRED SIGNATURE:

and Procent

Signature of a member or an authorized representative of a member

(In accordance with Section 608.408(3) Florida Statutes, the execution Of this document constitutes an affirmation under the penalties of perjury That the facts stated herein are true.

CESAR A. RODRIGUEZ
Typed or printed name of signee

007 MAR 12 AM 8: 52