

L100000036982

(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:
W1-9171
A. LUNT
APR - 6 2010
EXAMINER

Office Use Only



000167264650

02/23/10--01005--016 *125.00

FILED
2010 APR -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2010

GABRIEL GONZALEZ, ESQ
2963 SW 6TH STREET
MIAMI, FL 33135

SUBJECT: AMIGOS, LLC
Ref. Number: W10000009171

We have received your document for AMIGOS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 410A00004490



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2010

GABRIEL GONZALEZ, ESQ
2963 SW 6TH STREET
MIAMI, FL 33135

SUBJECT: LA UNIVERSAL FOODS
Ref. Number: W10000009171

We have received your document for LA UNIVERSAL FOODS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 710A00006123



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2010

GABRIEL GONZALEZ, ESQ
2963 SW 6TH STREET
MIAMI, FL 33135

SUBJECT: AMIGOS, LLC
Ref. Number: W1000009171

We have received your document for AMIGOS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 910A00007127

Agnes Lunt
Regulatory Specialist II
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: AMIGOS, LLC

Dear Ms. Lunt:

Enclosed please find the replacement Articles of Organization for AMIGOS, LLC (now LA UNIVERSAL FOODS, LLC). If you have any questions or concerns please contact me.

Sincerely,
Gabriel Gonzalez

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA UNIVERSAL FOODS, 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:

Gabriel Gonzalez
Name of Person

Gonzalez & Gonzalez, P.A.
Firm/Company

2963 SW 6 ST
Address

Miami, FL 33135
City/State and Zip Code

gabrielg31@gmail.com
E-mail address: (to be used for future annual report notification)

2010 APR -5 PM 2:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

For further information concerning this matter, please call:

Gabriel Gonzalez at (305) 778-8198
 Name of Person 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
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street/Courier Address
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LA UNIVERSAL FOODS, LLC

(Must end with 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:

2963 SW 6 ST

2963 SW 6 ST

Miami, FL 33135

Miami, FL 33135

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:

Gabriel Gonzalez

Name

2963 SW 6 ST

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33135

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)

2010 APR -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

MGRM

Osmel Casas

5333 W 23 St

Hiialeah, FL 33016

MGRM

Daniel Mora

3625 Davies Rd

Palm Springs, FL 33461

MGRM

Nestor Fernandez Tan

4390 Parks Ave

West Palm Beach, FL 33406

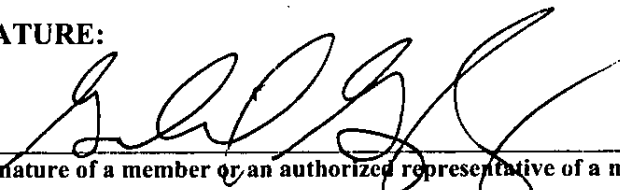
FILED
2010 APR -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

REQUIRED SIGNATURE:



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.)

Gabriel Gonzalez (as authorized rep.)
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)