

FEB/17/2014 MON 09:15 AM
2/14/2014

L14000027198

Division of Corporations

Florida Department of State
Division of Corporations
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.

((H14000037242 3)))



H140000372423ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 FEB 17 AM 7:19
FILED

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EXPRESS CORPORATE FILING SERVICE, INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
PECADITOS CA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

FILED FEB 17 2014

FEB/17/2014/MON 09:45 AM
850-617-8381

FAX No. P.001
2/17/2014 8:18:25 AM PAGE 1/001 Fax Server



February 17, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: PEDADITOS CA, LLC
REF: W1400009883

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000037242
Letter Number: 314A00003477

RECEIVED

14 FEB 17 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 FEB 17 AM 7:49

FILED

ARTICLE I

The name of the Limited Liability Company is:

PECADITOS CA, LLC

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

ARTICLE II

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

**Principal Office Address:
10974 NW 72 TERRACE
DORAL, FL 33178**

**Mailing Address
10974 NW 72 TERRACE
DORAL, FL 33178**

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:

R&P ACCOUNTING & TAXES INC

Name

200 SE 1ST STREET SUITE 604

Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL. 33131

FL City, State, and Zip

FILED
14 FEB 17 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

X.....

Registered Agent's Signature (REQUIRED)

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

Title:

PECADITOS CA, LLC

**CARLOS HERNANDEZ
1970 NW 72 TERRACE
MIAMI, FL 33131**

MANAGER MEMBER

FILED
14 FEB 17 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

X _____
Signature of a member or an authorized representative of a member.

FILED
14 FEB 17 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(s)(b)
*(In accordance with section 605.0100 Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

CARLOS HERNANDEZ

Typed or printed name of signee