

LA1000047685

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
LA PATA GORDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

LC 2/9/21

MAIL ROOM

2021 FEB -8 PM 4:40

2021 FEB -8 PM 1:10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LA PATA GORDA 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:

1818 SW 1ST AVE SUITE 2015
MIAMI, FL 33129

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MIAMI, FL 33129

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:

PRIME CORPORATE FILING SERVICES LLC

Name

1818 SW 1ST AVE SUITE 404

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

MIAMI FL 33129
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)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>Authorized Member</u>	<u>JOSUE SANCHEZ CAMPOSANO 50%</u> <u>1818 SW 1ST AVE SUITE 2015</u> <u>MIAMI, FL 33129</u>
<u>Authorized Member</u>	<u>GLENDIA CAMPOSANO VACA 50%</u> <u>1818 SW 1ST AVE SUITE 2015</u> <u>MIAMI, FL 33129</u>
_____	_____
_____	_____

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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.
THE PURPOSES OF THE ENTITY SHOULD BE: FOOD SERVICES

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.

JOSUE SANCHEZ CAMPOSANO
Typed or printed name of signer