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## COVER LETTER

	ew Filing Sec ivision of Cor				
SUBJECT		A TACOMADRE LLC			
SUBJECT	·	Name of	Limited Liabil	ity Company	
The enclos	ed Articles of	Organization and fee(s)	) are submitted	for tiling.	
Please retu	rn all correspo	ondence concerning this	matter to the f	ollowing:	
	Juan Nieto S	anches & Andrea Nava	-Nieto		
			Name of	Person	
	TAQUERIA	TACOMADRE LLC			
		•	Firm/Co	mpany	
	673 CREUS	ET AVE S.			
			Addr	uss	
	LEHIGH AC	TRES, FL 33974			
	andreanavanic	eto@yahoo.com	City/State an	d Zip Code	
	ì	i-mail address; (to be us	sed for future a	nnual report notificat	ion)
For further i	nformation co	ncerning this matter, plo	rase call:		
	Andrea Nava		239	289-8727	
	Name of Person			Daytime Telephon	e Number
Enclosed is	s a check for th	he following amount:			
≣\$125.00	Filing Fee	□S130,00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address** 

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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A	RΊ	'n.	C	ı.	F.	ŀ	_	N	a	n	œ	:

The name of the Limited Liability Company is:

TAQUERIA TACOMADRE 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:	<u>Mailing Address:</u>		
673 Creuset Ave S	673 Creuset Ave S		
Lehigh Acres,FL 33974	Lehigh Acres, FL 33974		

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:

Ricardo Rosales		
	Name	
26891 Old 41		
Florida street addres	ss (P.O. Box <u>NOT</u> acc	reptable)
onita Springs	Florida	34135
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 geregistered agent as provided for in Chapter 605. F.S..

Registered ogent's Signature (REQUIRED)

(CONTINUE )

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>President</u>	Juan Nieto Sanchez 673 Creuset Ave S Lehigh Acre FL 33974
Vice President	Andrea Nava-Nieto 673 Creuset Ave S Lehigh Aces FL 33974
(Use attachment if necessary)	
n effective date is listed, the date mus late of filing.)	the date of filing:
TCLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
L h a	M NIEto Andrea Nieto
<u> </u>	14 MIETO MICH MIEG
This document is I am aware that a	of a member or an authorized representative of a member, sexecuted in accordance with section 605,0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State degree felony as provided for in s.817,155, F.S.
Juar	

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)