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COVER LETTER

	New Filing Sec Division of Co			
SUBJEC	•	A TACOMADRE LLC		
NOBJEC		Name of Lin	nited Liability Company	
The encl	osed Articles of	Organization and fee(s) are	submitted for filing.	
Please re	turn all corresp	ondence concerning this ma	tter to the following:	
	Juan Nieto S	Sanches & Andrea Nava-Ni	eto	
			Name of Person	
	TAQUERIA	TACOMADRE LLC		
	· · · · · · · · · · · · · · · · · · ·		Firm/Company	
	673 CREUS	ET AVE S.		
			Address	
	LEHIGH A	CRES. FL 33974		
	andreanavani	C eto@yahoo.com	ity/State and Zip Code	
		E-mail address: (to be used	for future annual report not	ification)
For further	information co	oncerning this matter, please	call:	
	Andrea Nava	a-Nieto 23	9 289-8727	
	Nan		rea Code Daytime Tele	ephone Number
Enclosed	is a check for t	he following amount:		
■ \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee of Certified Copy tadditional copy is enclose	Certificate of Status &

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

2001 JUL 15 FII 2: 35

ARTICLE I - Na	me	٠:
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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:	Mailing Address:
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	is (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 generalistered agent as provided for in Chapter 605, F.S.

> s Signature (REQUIRED) Regisjered ergenj

> > (CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Mem	ber
"MGR" = Manager	
President	Juan Nieto Sanchez
resident	673 Creuset Ave S
	Lehigh Acre Fl. 33974
Vice President	Andrea Nava-Nieto
vice Fresident	673 Creuset Ave S
	Lehigh Aces FL 33974
	ECHIER NESS 1 IS 5577 1
	
(Use attachment if necessary)	
(Ose attachment if necessary)	
A DEPLOY DE LE CONTRACTOR DE LA COMP	CONTRACT CON
ARTICLE V: Effective date, if other tr	nan the date of filing: (OPTIONAL)
	must be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	c does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the D	Department of State's records.
ARTICLE VI: Other provisions, if any.	
	<u></u>
REQUIRED SIGNATURE:	
<u> </u>	n M NIEto Andrea Nietor
	n M NIEto Andrea Nieto
Signati	ure of a member or an authorized representative of a member.
	int is executed in accordance with section 605,0203 (1) (b), Florida Statutes.
	nat any false information submitted in a document to the Department of State

Filing Fees:

Juan M NHO Andrea NIETO
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)