

C24000181034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

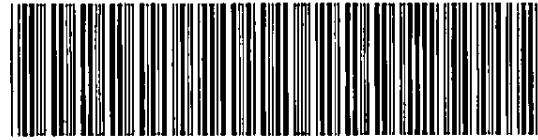
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 APR 22 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FL



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2024 APR 12 AM 10:25
DIRECTOR OF REGISTRATION
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 4/19/2024

****WALK IN****

ENTITY NAME MONJAS DE SAN FRANCISCO, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

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OFFICE OF STATE
TALLAHASSEE, FL

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****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 125.00

ACCOUNT #: I20160000072

S R M

Please call Tina at the above number for any issues or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MONJAS DE SAN FRANCISCO, 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:

2525 PONCE DE LEON BLVD, SUITE 300
CORAL GABLES, FL 33134

2525 PONCE DE LEON BLVD, SUITE 300
CORAL GABLES, FL 33134

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:

Incorporating Services, Ltd.
Name

1540 Glenway Drive
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee Florida 32301
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>MGR</u>	<u>Pedro Alvarez</u> <u>2525 PONCE DE LEON BLVD, SUITE 300</u> <u>CORAL GABLES, FL 33134</u>
<u>AMBR</u>	<u>Oscar Garcia Mendoza</u> <u>2525 PONCE DE LEON BLVD, SUITE 300</u> <u>CORAL GABLES, FL 33134</u>
<u>AMBR</u>	<u>Susana Nevett de Garcia</u> <u>2525 PONCE DE LEON BLVD, SUITE 300</u> <u>CORAL GABLES, FL 33134</u>
<u>AMBR</u>	<u>Oscar Garcia Nevett</u> <u>2525 PONCE DE LEON BLVD, SUITE 300</u> <u>CORAL GABLES, FL 33134</u>

(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.

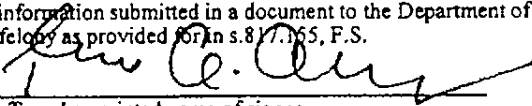
ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/ Pedro Alvarez

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.

Pedro Alvarez


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)

DEPARTMENT OF STATE
TALLAHASSEE, FL

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