1123/20, 12.04 PM

lorida Department of State

From: 16075972631

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.

(((H25000257850 3)))



H2500025785034BC1

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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NJ ACCOUNTING SERVICES CORP

Account Number : 120240000034 : (305)686-2850 Fax Number : (844)587~9637

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

Email Address: njtaxservices22@gmail.com

FLORIDA LIMITED LIABILITY CO. LA 8VA VILLA RESTAURANT LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	01		
Estimated Charge	\$125.00		

Help

Electronic Filing Menu

Corporate Filing Menu

(((H25000257850 3)))

COVER LETTER

	ew Filing Sec ivision of Co					
SUBJECT		/ILLA RESTAURANT L	LC			
SOBJECT	•	Name of L	imited Liab	ility Company	· · · · · · · · · · · · · · · · · · ·	
The enclos	ed Articles of	Organization and fee(s) a	are submitte	d for filing.		
Please retu	rn all corresp	ondence concerning this n	natter to the	following:		
	GEOSVAN	Y GONZALEZ VALDES	5			
			Name o	f Person		
	LA 8VA VI	LLA RESTAURANT LL	c			
		 -	Firm/C	ompany		· -
	564 HIALE	AH DR				
			Add	ress		
	HIALEAH,	FL 33010				
	MITA VSEDA	/ICES22@GMAIL.COM	-	nd Zip Co de		
-		E-mail address: (10 be use		annual report notificat	ion)	
For further in		ncerning this matter, plea			•	
	JESUS O CA	• • •	305	686-2850		
	Nam			Daytime Telephon	e Number	
Enclosed is	s a check for t	he following amount:				
	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certificate Certified C	opy is enclosed)
		ng Address		Street Address		2025 JUL 23 SEC 1757 Y
		iling Section on of Corporations		New Filing Section Di The Centre of Tailaha		[2
	P.O. B	lox 6327		2415 N. Monroe Stre	et, Suite 810	
	Tallah	assee, FL 32314		Tallahassee, FL 3230	3	~ (독) 그 0

From: 16075972631

(((H25000257850 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: LA 8VA VILLA RESTAURANT 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:
564 HIALEAH DR	564 HIALEAH DR
HIALEAH, FL 33010	HIALEAH, FL 33010

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:

GEOSVANY GONZ	ZALEZ VALDES	
	Name	
564 HIALEAH DR		
Florida street addres	is (P.O. Box <u>NOT</u> a	cceptable)
HIALEAH	FL	33010
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.,

General Gonzaloz Registered Agent's Signature (RPQUIRED)

(CONTINUED)

From. 16075972631

(((H25000257850 3)))

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR GONZALEZ VALDES, GEOSVANY 4298 SW 5TH ST CORAL GABLES, FL 33134 MGR JESUS O CANTO MORALES 1693 NW 22ND PL MIAMI, FL 33125 (Use attachment if necessary) **ARTICLE V**: Effective date, if other than the date of filing: (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. N/A REQUIRED SIGNATURE: Signature of a member or an outhorized 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. GEOSVANY GONZALEZ VALDES 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)