

# LOBOS 00007603

STEEL RECORD DAVENPORT

215 S. MONROE/SUITE 601

Address

TALLAHASSEE 32301

222-2300

City/State/Zip

Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LOBOS CREAMERY LLC  
(Corporation Name)

(Document #)

2. \_\_\_\_\_  
(Corporation Name)

(Document #)

3. \_\_\_\_\_  
(Corporation Name)

(Document #)

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-06/28/00--01025--022

\*\*\*\*155.00 \*\*\*\*155.00

4. \_\_\_\_\_  
(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time 3:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

FILED  
 RECEIVED  
 00 JUN 28 PM 12:01  
 00 JUN 28 AM 10:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 DIVISION OF CORPORATE REGISTRATION  
 TALLAHASSEE, FLORIDA

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

IF YOU HAVE ANY QUESTIONS  
REGARDING FILING PLEASE  
CONTACT ELIZABETH AT: 222-2300.  
THANK YOU.

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LOBOS CREAMERY LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

1915 Brickell Avenue, Suite C-712  
Miami, Florida 33129

**ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature:**

The name and address of the registered agent and office is:

Curtis A. Wolfe

(Name)

200 South Biscayne Blvd, Suite 4000

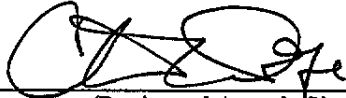
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33131

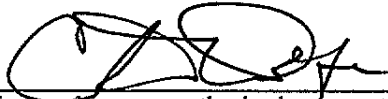
(City, State, and Zip)

**FILED**  
00 JUN 28 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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 608, F.S..*



(Registered Agent's Signature)



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Curtis A. Wolfe

(Typed or printed name of signee)