

TRANSMITTAL LETTER

L00000008274

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Mr. FalaFel LLC

(Proposed corporate name - must include suffix)

800003308698--6
-07/13/00--01081--001
*****55.00 *****55.00

W-17151

800003308698--6
-06/29/00--01053--001
*****70.00 *****70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00

Filing Fee

125⁰⁰

☐ \$78.75

Filing Fee

& Certificate

☐ \$122.50

Filing Fee

& Certified Copy

☐ \$131.25

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

\$100 filing fee
25 Reg agent
5 Cert of status

FROM: Mr. FalaFel LLC

Name (Printed or typed)

18090 Collins Ave T-8

Address

Sunny Isles Beach FL 33160

City, State & Zip

(305) 446-1960

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUL 13 PM 1:57

FILED

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 7, 2000

MR. FALAFEL LLC
18090 COLLINS AVE
T-8
SONNY ISLES BEACH, FL 33160

SUBJECT: MR. FALAFEL, LLC
Ref. Number: W00000017151

We have received your document for MR. FALAFEL, LLC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$55.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 700A00037708

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MR. FALAFEL, LLC

ARTICLE II - Address:

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

MR Falafel
18090 Collins Ave
Sunny Isles Florida 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ELIAS NEHME
Name
18090 Collins Ave T-8
Florida street address (P.O. Box NOT acceptable)
Sunny Isle FLORIDA 33160
City, State, and 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 608, F.S..


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

Elias Nehme
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization ✓
\$ 25.00 Designation of Registered Agent ✓
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL) ✓

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUL 13 PM 1:57

FILED