

# L01000005097

Charter Number Only

4/2/01

Perez, Behar & Associates

Requestor's Name

13901 NW 1 avenue

Address

Miami, FL

City

State

ZIP

Phone

(305) 688-9694

VALIDATION ONLY

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

CORPORATION(S) NAME

Castello Brothers, LLC

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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CASTELLO BROTHERS, LLC**

**ARTICLE II - Address:**

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

**Sandra Arguello  
13935 NW 1<sup>st</sup> Avenue  
Miami, FL. 33168**

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

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

*Perez, Behar & Associates, PA*  
**Perez, Behar & Associates, PA  
13935 NW 1st Avenue  
N Miami, FL. 33168**

*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, FS..*

*Ramon J.*  
Registered Agent's Signature

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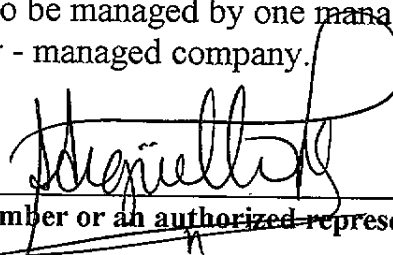
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**Article IV - Management (Check box if applicable.)**

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



\_\_\_\_\_  
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.)

**Sandra Arguello**

Printed Name of Signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA