

Juan Mendoza  
Requester's Name  
205 Columbia Dr #1  
Address  
Tallahassee, FL 32308  
City/State/Zip  
Phone # 878-7081

**L010000012825**

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)

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

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

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

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-08/02/01--01004-036  
\*\*\*\*160.00 \*\*\*\*160.00

- ☒ Walk in ☐ Pick up time ☒ Certified Copy  
☐ Mail out ☒ Will wait ☐ Photocopy ☒ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☒ Limited Partnership  
☐ Trademark  
☐ Other

APPROVED  
AND  
FILED  
01 AUG -2 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DIVISION OF CORPORATIONS  
DEPT. OF STATE  
2001 AUG -2 AM 10:40  
TO AGENT  
FOR FILING  
SUFFICIENT  
FEE

Examiner's Initials JB

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Los Compadres Mexican Restaurant #1 LLC

## ARTICLE II - Address:

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

2102 W. Pensacola St  
Tallahassee, FL 32304

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

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

Rosalba Cabrera  
Name  
1564 Coombs Dr #1  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32308  
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.)

Rosalba Cabrera  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG - 2 AM 11:06

APPROVED  
AND  
FILED

### 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)