

# LO/00000/5408

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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## LIMITED LIABILITY COMPANY

### TROPICALISMO LATIN CAFE AND GRILL LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

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

**Article I - Name**

The name of the Limited Liability Company is:

**Tropicalismo Latin Cafe and Grill LLC**

**Article II - Address**

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

**7368 NW 72 Ave  
Miami, FL 33166**

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

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

**Manuel Ledesma  
7368 NW 72 Ave  
Miami, FL 33166**

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*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 positions as registered agent as provided for in Chapter 608, F.S.*

By: 

**Manuel Ledesma  
Registered Agent's Signature**

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ARTICLE IV

Management

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

By: 

Signature of Management Member  
Manuel Ledesma

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

Documents Prepared By:

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Cooper City, FL 33330  
954-538-0166

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