

L01000021767

Check Number Only

12/13/01

Harvey S. Kase

Requestor's Name

5669 S. University Dr.

Address

Davie, FL 33328

City

State

ZIP

Phone

2311C

VALIDATION ONLY

CORPORATION(S) NAME

100004727601--8  
-12/17/01--01015--006  
\*\*\*\*125.00 \*\*\*\*125.00

Cardel Company, LLC

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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☐ 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

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name  
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Document  
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Empire Toll Free: 1-800-432-3028

AND

12-17

01 DEC 17 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is:

CARDEL COMPANY , LLC

### ARTICLE II – Address:

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

670 N.W. 77<sup>TH</sup> STREET  
MIAMI, FLORIDA 33150

### ARTICLE III – Registered Agent, Registered Office & Registered Agent's signature:

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

CARLOS FERNANDEZ  
599 GOLDEN BEACH DRIVE  
GOLDEN BEACH, FLORIDA 33160

*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 (Indicate if applicable.)

☒ If checked, the Limited Liability Company is to be managed by one manager or more managers and 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.)

CARLOS FERNANDEZ

Typed or printed name of signee

APPROVAL  
AND  
FILED  
01 DEC 17 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA