# L03000005457

(Requestor's Name)		
(Address)		
(Address)		
(Cir	ty/State/Zip/Phone	#)
(	,	,
PICK-UP	☐ WAIT	MAIL
/D.	siness Entity Nam	<del></del>
(Du	isiness Entity Nam	e)
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
		}
		į
		{
€ √ 3°	≿	
10 5 WATER		-
	**************************************	لـــــــــــــــــــــــــــــــــــــ
RECEIVE 3 FEB 13 AN	Office Use Only	,
		•
O3 FEB 13 MILLINISIUM OF CORPORA		
2		



400011171974



02/13/03--01030--009 \*\*155.00

OFFICE USE ONLY(DOCUMENT #) MOSER IS PALS LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy-Will wait Certificate of Status Mail out Photocopy **AMENDMENTS NEW FILINGS** Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Other

Examiner's Initials

#### ARTICLES OF ORGANIZATION

OF

# LA COFRADIA RESTAURANT, L.L.C.

SERVICE OF THE SERVIC The undersigned, for the purpose of forming a limited liability company under t Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, are file the following Articles of Organization.

# ARTICLE I -- NAME

The name of the limited liability company shall be **LA COFRADIA RESTAURANT**, L.L.C("Company").

#### ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the company shall be 710 Davis Road, Coral Gables FL 33143.

#### ARTICLE III -- DURATION

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The company's existence shall be perpetual, unless the company is earlier dissolved as provided in these Articles of Organization.

#### ARTICLE IV -- REGISTERED OFFICE AND AGENT

The name and street address of the Registered Agent of the company in the State of Florida is Jaime Dickinson, at 710 Davis Road, Coral Gables FL 33143.

# ARTICLE V -- ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the company only on the unanimous consent of all the members.

#### ARTICLE VI - ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the other members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

#### ARTICLE VII -- TERMINATION OF EXISTENCE

The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by the consent of all the remaining members, provided there are at least two remaining members.

#### ARTICLE VIII -- MANAGEMENT

The company shall be managed by a manager in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial managers of the company is:

Jamie Dickinson 710 Davis Road Coral Gables, FL 33143

Jean Paul Desmaison 710 Davis Road Coral Gables, FL 33143



# ARTICLE IX - INDEMNIFICATION AND LIABILITY

The Company may, as determined by the managers of the Company, indemnify and advance expenses to a Member, Manager, employee or agent of the Company in connection with any proceeding, to the extent permitted by and in accordance with applicable laws and statutes and the regulations of the Company.

> Jaime Dickinson Incorporator

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

SS.

Before me, a Notary Public authorized in the State and County set forth above, personally appeared <u>Jaime Dickinson</u> known to me and known by me to be the person, who, as organizer, executed the foregoing Articles of Organization and acknowledged before me that they executed those Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this February 1, 2003.

COMMISSION NUMBER
DIFFO MY COMMISSION EXPIRES
OF FLORE DEC. 6,2006

NOTARY PUBLIC, State of Florida

Marke 13 PA I.S.

Printed Name of Notary Public

My Commission Expires:

# ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the articles of organization of A COFRADIA RESTAURANT L.L.C., as the Registered Agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the Articles of Organization, and accepts the appointment as Registered Agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accept the obligations of the position of Registered Agent.

√aime Dickinson Registered Agent

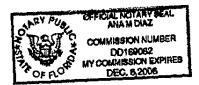
STATE OF FLORIDA

COUNTY OF MIAMI-DADE

66

Before me, a Notary Public authorized in the State and County set forth above, personally appeared <u>Jaime Dickinson</u>, known to me and known by me to be the person, who, as registered agent, executed the foregoing Acceptance and acknowledged before me that he executed same knowingly and voluntarily.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this \_/ \_\_\_\_, day of February\_\_\_\_\_, 2003.



NOTARY PUBLIC, State of Florida

-Printed Name of Notary Public

My Commission Expires: