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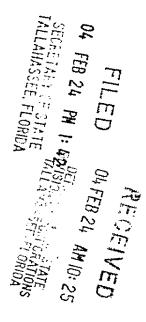
(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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**Charter Number Only** 

ALIDATION

0 N L Y

Feb. 20, 04

Melnick Lilienfeld

Requestor's Name
2010 NE 215 Street

Address

Michigan FL 28180

City State Zip Phone

305 907 1040

PER 21 PRINTS

CORPORATION(S) NAME

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Venifier

		Plaza	Restauracion	, LLC
(	) Profit ) NonProfit	(	) Amendment	( ) Merger
(	) Foreign	(	) Dissolution	( ) Mark
(	) Limited Partnership ) Reinstatement	(	) Annual Report ) Reservation	(X) Other LLC ( ) Change of Registered Agent
(	) Certified Copy	(	) Photo Copies	( ) Certificate Under Seal
(X)	) Call When Ready ) Walk in	( ) Will Walt	) Call if Problem (X) Pick U	( ) After 4:30 p ( ) Mail Out

Marinipire Toll Free: 1-800-432-3028

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is:
	Plaza Restauración, 2LC
ARTICLE II - Address:	· @
	street address of the principal office of the Limited Liability Company is:
1953 S. Mi	litary Trail Beach, FL 33415
west Palm	1 Beach, +L 33415
ARTICLE III - Register	ed Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida	street address of the registered agent are:
	Ruben Arroyo
1 t ₹1	1953 SMilitary Trail
	Florida street address (P.O. Box NOT acceptable)  NUST Palm Black; EL 33415
	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

(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 Stanues, the execution of this document constitutes an affirmation under the pernalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

§100.00 Filing Fee for Articles of Organization §25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)