

W4000060486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

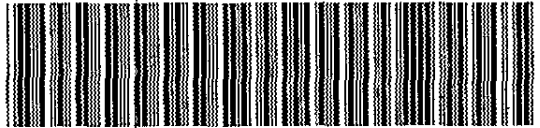
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

W4-60486  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CUBA CULTURE LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VANESSA HORWELL  
(Name of Person)

CUBA CULTURE LLC  
(Firm/Company)

2961 CATALINA STREET  
(Address)

COCONUT GROVE, FL 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

VANESSA HORWELL at (305) 776 8817  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CUBA CULTURE LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2961 Catalina St  
Coconut Grove  
FL 33133

**Mailing Address:**

2961 Catalina St  
Coconut Grove  
FL 33133

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

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

Vanessa Horwell

Name

2961 Catalina St

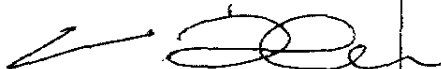
Florida street address (P.O. Box **NOT** acceptable)

Coconut Grove

Miami FL FLORIDA 33133

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, Florida Statutes..*



Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Vanessa Howell  
2961 Catalina St  
Miami FL 33133

MGR

Ralph Young  
32a Day Avenue  
Coconut Grove FL 33133

MGR

Daniel Godoy  
14219 SW 100th Lane  
Miami FL 33136

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Vanessa Howell  
\_\_\_\_\_  
Typed or printed name of signer

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**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)