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## TRANSMITTAL LETTER

FILED

2005 MAR -2 P 1: 23 Division of Corporations SUBJECT: Cuban Foods, 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: Rene Prats (Name of Person) Cuban Foods, LLC (Firm/Company) 2301 Alhambra Circle (Address) Coral Gables, FL 33134 (City/State and Zip Code) For further information concerning this matter, please call: Rene Prats (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: ☐ \$155.00 Filing Fee & □ \$160.00 Filing Fee, ☐ \$125.00 Filing Fee **∅** \$130.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

STREET ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Certificate of Status

MAILING ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY23

ARTICLE I - Name:	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
The name of the Limited Liability Company is:	TALLANASSEE	
Cuban Foods, LLC		
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2301 Alhambra Circle	2301 Alhambra Circle	
Coral Gables, FL 33134	Coral Gables, FL 33134	
The name and the Florida street address of the Bene Prats		
Name		
2301 Alhambra Circle		
Florida street ad	dress (P.O. Box NOT acceptable)	
Coral Gables, FL 33134	FL	
City, State,	and Zip	
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S.	

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

ARTICLE IV- Manager(s) or Mana The name and address of each Manage		fu es
<u>Title:</u>	Name and Address:	FILED
"MGR" = Manager		2005 KAD
"MGRM" = Managing Member		2005 MAR -2 P 1: 23
NOD	Rene Prats	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGR	2301 Alhambra Circle	TALLAHASSEE, FLORIDA
	Coral Gables, FL 33134	
MODE	Marialana Iana Prote	<del></del>
MGRM	Marielena Jane-Prats	<del></del>
	2301 Alhambra Circle	<del></del>
	Corla Gables, FL 33134	
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(Use attachment if necessary)		
• ,		
NOTE: An additional article must l	be added if an effective date is reque	ested.
	$\supset$	
REQUIRED SIGNATURE:		
<i>[ ][]</i> , (	X	
Significant a mampion	or an authorized representative of a mem	har
(In accordance with sect of this document constituent that the facts stated here.)	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of pererein are true.)	n jury
Rene Prats		
Тур	ped or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)