

Florida Department of State

Division of Corporations

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DIVISION OF CORPORATION

To:

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Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

billares mexican city, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF

A Florida Limited Liability Company

ARTICLE I-NAME

The name of the Limited Liability Company is:

BILLARES MEXICAN CITY, LLC

ARTICLE II-ADDRESS:

The mailing address and street address of the principle office of the Limited Liability company is:

PRINCIPAL OFFICE ADDRESS:

5305 N STATE RD 7
TAMARAC FLA 33319

MAILING ADDRESS:

5305 N STATE RD 7
TAMARAC FLA 33319

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE


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

MARIA TERESA DOMINGUEZ
(NAME)

5305 N STATE RD 7
FLORIDA STREET ADDRESS(P.O BOX NOT ACCEPTABLE)

TAMARAC FLA 33319
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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.



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REGISTERED AGENT SIGNATURE

ARTICLE IV-MANAGEMENT/MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

MGR= MARIA TERESA DOMINGUEZ 5305 N STATE RD 7 TAMARAC FLA 33319

MGR= ENE S GARCIA 5305 N STATE RD 7 TAMARAC FLA 33319

(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.)

MARIA TERESA DOMINGUEZ

Typed or printed name of signer

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TOTAL P.03

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