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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer.	Į.

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DIVICION OF CORFORATION
TALLAMASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CHIHUAHUA MEXICAN GRILL 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:		
YAZMÎN HERNANDEZ (Name of Person)		
(Name of Person)		
CHIHUAHUA MEXICAN GRILL LLC		
(Firm/Company)		
4101 5 MACDILL AVE		
(Address)		
TAMPA FL 33611 (City/State and Zip Code)		
For further information concerning this matter, please call:		
VAZMIN ITERNANDEZ at (813) 837-2138 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee		
STREET ADDRESS: Registration Section Registration Section		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLE I- Name: The name of the Limited Liability Company is: CHIHUAHUA MEXICAN GRILL LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: 4101 S MACDILL AVE TAMPA FL 33611 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: VAZMIN HERNAN DEZ Name 4101 S MAC DILL A VE Florida street address (P.O. Box NOT acceptable) TAMPA FL 33611 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

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	PO BOX 3203 TAMPA FL 33601
	9 8
	PE SA
(Use attachment if necessary)	7
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Varn	Hunardon
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herei	a 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.)

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)

YAZMIN ITERNANDEZ

Typed or printed name of signee