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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

RECEIVED  
06 MAR -7 PM 12:29  
DIVISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**all-in-one fiestas, llc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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TALLAHASSEE FLORIDA

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M. HODGES

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**ALL-IN-ONE FIESTAS, LLC.**

ARTICLE II - Address:

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

**11126 SW 148<sup>TH</sup> PLACE  
MIAMI, FL 33196**

Principal Office Address:

**11126 SW 148<sup>TH</sup> PLACE  
MIAMI, FL 33196**

Mailing Address:

**11126 SW 148<sup>TH</sup> PLACE  
MIAMI, FL 33196**

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

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

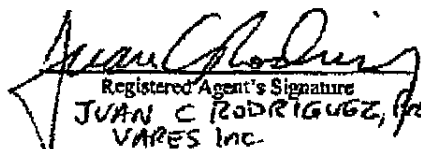
YARES Inc.

Name

Florida street address (P.O. Box not acceptable)

1688 Coral Way  
MIAMI, FL 33145

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  
**JUAN C. RODRIGUEZ, President**  
YARES Inc.

(CONTINUED)

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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:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

LUZ SOTO-AZOCAR  
11126 SW 148<sup>TH</sup> PLACE  
MIAMI, FL 33196

MGRM

ANA MARIA BOTI  
11126 SW 148<sup>TH</sup> PLACE  
MIAMI, FL 33196

(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.)

  
Typed or printed name of signer  
Luz Soto-Azocar

  
Typed or printed name of signer  
Ana Maria Boti

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