## L06000049763

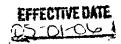
(Requestor's Name)	
(Address)	_
(Address)	
(11111111)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
(Boodinest Hambos)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
,	

Office Use Only



200073891642

野洲岛南部 自由电路 每十二米和巴克顿



06 NEY -N. FIND: 45

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	HOME BIST	PO LLC ed Liability Company)	<del></del>
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	Adriana	Cala	
		(Name of Person)	
		(Firm/Company)	
11.	12 S. Dix	(ie HWY, Box	× 335
		(Address) 5, FL 33146	
		//State and Zip Code)	
For further information	n concerning this matter, please	call:	
ADRIA		at (786) 281. 7 (Area Code & Daytime Teleph	רסרי
(Nan	ne of Person)	(Area Code & Daytime Telepl	ione Number)
Enclosed is a check	for the following amount:		06 £
\$125.00 Filing Fee	e \$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	\$160.00 Filing Fee, ertificate of Status & Certified Copy Odditional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
HOME BISTRO LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
1172 S DIXIE HWY
BOX 335 Coral Gables FL 33146
Loral Gables +4 33146
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Adriana Cala  Name
1172 S. Dixie Hwy #335  Florida street address (P.O. Box NOT acceptable)
Corol Gables FL 33146 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Mana The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
A MGR	Maria Cecilia Ortiz 759 Navarre Avenue Coral Galoks FL 33134 33131
MGR	Adriana Cala 800 Majorca Avenue Coral Gables, FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1,2006. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

## **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.)

> Adriana Typed 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)