## L06000118177

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **LAZARUS CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

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MIAMI, FL 33165 (305) 552-5973	The state of the s
CORPORATION NAME(S) & DOCUMENT NU	Office Use Only  MREP(S) (if known):
1. LA SITANA M(Corporation Name)	ARISOL CAFE, LEC.
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time 2.06  Mail out Will wait Photo	Certified Copy
Profit Ar Not for Profit Re Limited Liability Ch Domestication Di	nendment signation of R.A., Officer/Director ange of Registered Agent ssolution/Withdrawal
Annual Report Fictitious Name  Li Re	reign mited Partnership mistatement ademark her

CR2E031(7/97)

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAI	NY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	ر مي
La Gitana Marisol Clafe, LLC.	14 O.
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	22
ARTICLE II - Address:	100
The mailing address and street address of the principal office of the Limited Liability Company	y is:
D : 1000 111	
Principal Office Address: Mailing Address:	
1031 NW 23 St 10051 Sw 48 St	
MiAmi, A 33127 MIAMI, A 33165	
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:	
Diana Junquera Name	
Name .	
10051 SW 48 St.	
Florida street address (P.O. Box NOT acceptable)	
MiAni FL 33/165	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated lim liability company at the place designated in this certificate, I hereby accept the appointment a	

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.

(CONTINUED)
Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MBRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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.) iana Junguera Typed or printed name of signee

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

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)