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Division of Corporations

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From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone Fax Number

: (800)494-3124 (305)675-2811

# ORIDA/FOREIGN LIMITED LIABILITY CO.

### ZAMORA KITCHEN LLC

Certificate of Status	0
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Page Count	02
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H07000069416 3

# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is:

ZAMORA KITCHEN LLC

#### ARTICLE II ADDRESS

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

9375 SW 77TH AVE APT 1013 MIAMI FL 33156-7945

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JORGE FELIPE ZAMORA 9375 SW 77TH AVE APT 1013 MIAMI FL 33156-7945

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's signature / JORGE FELIPE ZAMORA

#### ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

H07000069416 3

#### PAGE 2 ZAMORA KITCHEN LLC

#### ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

JORGE FELIPE ZAMORA

Managing Member: 9375 SW 77TH AVE APT 1013

MIAMI FL 33156-7945

MARILIN FUENTES ARIAS

Managing Member: 9375 SW 77TH AVE APT 1013

MIAMI FL 33156-7945

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.)

MARILIN FUENTES ARIAS
Typed or printed name of signee

07 MAR 16 AM 8: 39
SECRETARY OF STATE
TALLAHASSEE FLORIDA