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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		
W07-5	52377	DB

Office Use Only

EFFECTIVE DATE 1/0/07



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10/22/07--01054--006 **160.00

O7 OCT 30 AM 8: 15
SECRETAS COF STATE
SECRETAS SEE, FLORIDA

COVER LETTER

•	TO: Registration Division of C	Section Corporations			
	SUBJECT:	ESQUINA R	AMBLAS, LLC		
	Soldber.	(Name of Limite	d Liability Company)	 	
	The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		
	Please return all corre	spondence concerning this matte	er to the following:		
		MIDI	AM ESCOBAL		
		(Name of Person)		
		ESQUINA	A RAMBLAS, LLC		
		(Firm/Company)	TAL	07 (
		4000 PONCE D	E LEON BLVD. SU	ITE #120 문문	DCT =
			(Address)	SSE	30
		CORAL G	ABLES, FL. 33146	ئىلىن ئىلان	
		(City/State and Zip Code)		. .	
	For further informatio	n concerning this matter, please	call:	IDA	ਜੇ ਹਸ
	MIDIAM E	SCOBAL	at (786) 266-58	48	
	(Nan	ne of Person)	(Area Code & Daytime Tel	ephone Number)	
	Enclosed is a check	for the following amount:			
•	\$125.00 Filing Fee	\$130.00 Filing Fee & [Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	&
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Taliahassee, FL 32301		



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2007

MIDIAM ESCOBAL 4000 PONCE DE LEON BLVD., SUITE #120 CORAL GABLES, FL 33146

SUBJECT: ESQUINA RAMBLAS, LLC

Ref. Number: W07000052377

O7 OCT 30 AM 8: 15

We have received your document for ESQUINA RAMBLAS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L02000012381.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 107A00062167

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Compar	ny is:	
	ESQUINA F	RAMBLAS, LLC.	
(Musi ca	d with the words "Limited	Linbility Company, "L.L.C.," or "LLC,")	
	nd street address of t	he principal office of the Limited L	iability Company is:
Principal Office Add	ress:	Mailing Address:	
4000 PONCE DE LEON BL	VD.	MIDIAM ESCOBAL	
SUITE # 120		403 NW 72ND. AVE # 317	
CORAL GABLES, FL. 33140	3	MIAMI, FL 33126	
business entity with an active	e Florida registration.) ida street address of MIDIAM A 403 N.W. 7 Florida street	Registered Agent. You must designate an indite the registered agent are: ESCOBAL Name 72ND. AVE # 317 let address (P.O. Box NOT acceptable) FL 33126 Otate, and Zip	O7 OCT 30 AM 8: 15 SECREIVE OF STATE TALLAHASSEE, FLORIDA
liability company a registered agent and a statutes relating to th	s registered agent an I the place designate gree to act in this cap we proper and comple ons of my position as	d to accept service of process for the d in this certificate, I hereby accept to carry. I further agree to comply with the performance of my duties, and I a registered opent as provided for in (Signature (REQUIRED))	the appointment as it the provisions of all im familiar with and

(CONTINUED) Page 1 of 2

EFFECTIVE DATE 11-01-07

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 N	Member
MGR	MIDIAM ESCOBAL
	403 NW 72ND. AVE # 317
	MIAMI, FL 33126

•	·
A to the second	
(Use attachment if neces	ssary)
	other than the date of filing: November 1st. 2007. (OPTIONAL) date must be specific and cannot be more than five business days pricing.)
REQUIRED SIGNATU	17 1/
	ore of a member ar an authorized representative of a member.
	$\omega \geq \omega$
(in neco	number with section boundo(3), Frontile Statutes, the execution
or this d that th	document constitutes an affirmation under the penalties of perjury

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

MIDIAM ESCOBAL
Typed or printed name of signee

Esquina Ramblas, LLC DBA/ 4000 Ponce Café 613 Minorca Avenue Coral Gables, Florida 33134

October 30, 2007

Deborah Bruce Florida Department of State Division of Corporations Tallahassee, Florida

Re: Esquina Ramblas LLC, DBA 4000 Ponce Café

Ms. Bruce,

This letter is indicate that we have no intention of reinstating the Esquina Ramblas corporate name and are willing to release the name to the new entity of Midiam Escobal Ref Number W07000052377.

Please do not hesitate to call me if you have any additional questions or concerns.

Sincerely,

ernandez, Jr.

Treasurer

Esquina Ramblas, LLC, DBA 4000 Ponce Café.

State of Florida County of Miami-Dade

The foregoing instrument was acknowledged before me this 30TH day of OCTOBER , who is personally known to me.