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DEFA: IMALIF OF FIRTE DIVISION OF CORPURATIONS TALL AHASSEE, FLORIDA

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B. KOHR

FEB 2 6 2009

EXAMINER



# **LAZARUS**

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time \_ 2.00 Mail out ☐ Will wait ☐ Photocopy Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> Profit Amendment Resignation of R.A., Officer/Director /Not for Profit Limited Liability ☐ Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Limited Partnership Fictitious Name Reinstatement Trademark Other **Examiner's Initials** CR2E031(7/97)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY KEB 26 PA 2: 45 **ARTICLE I - Name:** The name of the Limited Liability Company is: Navarro Restaurant, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 8171 N.W. 8th Street, Suite 7 8171 N.W. 8th Street, Suite 7 Miami, FL 33126 Miami, FL 33126 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: Alexander Navarro 8171 N.W. 8th Street, Suite 7 Florida street address (P.O. Box NOT acceptable)

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.

33126

Registered Agent's Signature (REQUIRED)

City, State, and Zip

Miami

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	er
MGRM	Alexander Navarro
	8171 N.W. 8th Street, Suite 7
	Miami, FL 33126
MGRM	Orlando Ortega
	10 E. 42nd Street
	Hialeah, FL 33013
(Use attachment if necessary)	
• •	han the date of filing: (OPTIONAI
effective date is listed, the date	must be specific and cannot be more than five business days
0 days after the date of filing.)	
REQUIRED SIGNATURE:	

(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.)

### Alexander Navarro

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)

## **COVER LETTER**

TO: Registration S  Division of Co			
SUBJECT: Navarr	o Restaurant, LL	.C.	
5000201.		ited Liability Company)	
The enclosed Articles of	f Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
Juan E. Va	aldes		_
		(Name of Person)	
Juan E. Va	aldes, Attorney at	t Law	
<del></del>		(Firm/Company)	_
4160 W. 1	6th Ave., Suite 40	02	
		(Address)	
Hialeah, F	L 33012		
	(Ci	ity/State and Zip Code)	
For further information of	concerning this matter, pleas	se call:	
Juan E. Valdes		at ( 305 ) 825-1985	
(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	✓\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional 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 Circle Tallahassee, FL 32301	