## L09000075530

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



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08/05/09--01039--016 \*\*250.00



C. LEWIS

'AUG - 6 2009

EXAMINER

## **COVER LETTER**

то:	Registration Division of C					
SUBJI	ECT: Go Taco, LLC					
		Name of Limited Liability Company				
The en	closed Articles	of Organization and fee(s) are	submitted for filing.			
Please	return all corres	pondence concerning this mat	ter to the following:			
		Jo	ohn H. Haswell			
			Name of Person			
		Chandler, La	ang, Haswell & Cole, P.A.			
			Firm/Company			
		Р.	O. Box 23879			
			Address			
		Gain	nesville, FL 32602			
			ty/State and Zip Code			
		Clh E-mail address: (to be used)	palaw@aol.com for future annual report notification)			
For fur	ther information	concerning this matter, please	e call:			
		H. Haswell	_at (352)376-5226			
	Name	e of Person	Area Code & Daytime Telephone Number			
Enclos	sed is a check i	or the following amount:				
<b>7</b> \$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Go Tac	o, LLC iability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
75 SW 75th Street, Apt. G-6 Gainesville, FL 32608	P.O. Box 23879 Gainesville, FL 32602
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another  ne registered agent are:    Haswell
John H	I. Haswell
Na	me SAR JS
726 NE	1st Street
Florida street address (I	P.O. Box NOT acceptable)
Gainesville 32601	FL PRIE 23
City, Stat	e, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED)

## Page 1 of 2

FILED

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

2009 AUG -5 AM 11: 23

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

SECRETARY OF STATE ALLAHASSEE, FLORIDA

<u>Title:</u> "MGR" = Mana	_	Name and Address:	TALLAHASSEE
"MGRM" = Ma	naging Member		
MGRM		Comida Rapida Sana, LL	С
		75 SW 75th Street, Apt. C	
		Gainesville, FL 32608	
	•		
	<u></u>		
			<u>'</u>
			·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··
(Use attachment	if necessary)		
	sted, the date must	ne date of filing: be specific and cannot be more the	
REQUIRED SI	GNATURE:		
	<u> </u>		
	Signature of a mem	ber or an authorized representative of a	member.
		section 608.408(3), Florida Statutes, the ex nstitutes an affirmation under the penalties herein are true.)	
		enham, as Managing Member o	

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)

Typed or printed name of signee