L10000088191

| (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: |
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Office Use Only

EFFECTIVE DATE 9/01/10



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08/20/10--01026--007 **125.00



D. BRUCE

AUG 23 2010

EXAMINER

COVER LETTER

| то: | Registration S Division of Co | | | | | | | |
|--|----------------------------------|---|--|--|---|------------------|--------|----------|
| SUBJ | ECT: d' taque | | | | ···· | | | |
| | | Name of Limite | ed Liability Com | pany | | | | |
| The er | closed Articles o | of Organization and fee(s) are | submitted for fili | ng. | | | | |
| Please | return all corresp | oondence concerning this matt | er to the following | ng: | | | | |
| | Don Arvin | _ | | | | | | |
| | | | Name of Person | | | | | |
| | d' taqueria | | | | | | | |
| | | | Firm/Company | | - | | | |
| | 1600 Arizona | Avenue NE | | - | | | | |
| • | | | Address | | | | | |
| | Saint Peterst | ourg, FL. 33703 | | | | | | |
| | darvin@tamp | | y/State and Zip Co | de | | 基础 | ಠ | • |
| | darvingetamp | E-mail address: (to be used i | or future annual re | port notification) | | S A | E | - ~~{ |
| For further information concerning this matter, please call: | | | | | | | AUS 20 | |
| Gwei | n Foster | | at (727 | 776-0046 | | 7 | * | |
| | | of Person | Area Co | de & Daytime Teler | ohone Number | STATE A | 44 | (e) |
| | | or the following amount: | | | | - | | |
| □ \$125 | .00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certified C (additional co | _ | \$160.00 Fill Certificate Certified C (additional co | of Stati Copy | 1S & | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registra Divisio Clifton 2661 E | Courier Address ation Section n of Corporations Building executive Center C ssee, FL 32301 | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|--|
| d' taqueria LLC | · |
| (Must end with the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1600 Arizona Avenue NE | 1600 Arizona Avenue NE |
| Saint Petersburg, Fl. 33703 | Saint Petersburg, Fl. 33703 |
| | |
| The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration of the registration of the registration. Gwendolyn Foster Name 1600 Arizona Avenue NE | egistered agent are: |
| Florida street add | ress (P.O. Box NOT acceptable) |
| Saint Petersburg | FL 33703 te, and Zip |
| Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registive accept the obligations of my position as registive desistered Agent's Signature (CONTIL) | accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agait as provided for in Chapter 608, F.S |
| Page 1 | of 2 |

EFFECTIVE DATE 90110

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

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

| "MGR" = Manager | Name and Address: |
|--|--|
| "MGRM" = Managing Member | |
| | |
| MGR | Donald Arvin |
| | 1600 Arizona Avenue NE |
| | Saint Petersburg, Fl. 33703 |
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| (Use attachment if necessary) | |
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| CLE V: Effective date, if other than effective date is listed, the date mus | the date of filing: 09/01/2010 . (OPTIONAL) st be specific and cannot be more than five business days processed in the second cannot be more than five business. |
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| CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: | st be specific and cannot be more than five business days pr |
| CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a met | mber of an authorized representative of a member. |
| CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men | mber of an authorized representative of a member. h section 608.408(3), Florida Statutes, the execution |
| CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document contact of the contact of t | mber of an authorized representative of a member. h section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury |
| CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men | mber of an authorized representative of a member. h section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury difference are true.) |

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)