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EXAMINER

JORGE DIAZ 6840 NW 77<sup>TH</sup> COURT MIAMI, FL 33166 305-796-2884

Subject: Brew Box Miami, LLC

Attached are the documents needed with a check for \$130.00. My contact information is above incase there are any questions.

Best Regards,

Jorge Diaz

2810 DEC 23 PK 12: 32

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Jorge F. Diaz	
	Name of Person	
	Firm/Company	
	rimi/Company	
	<u>6840 N.w. 77<sup>th</sup> Court</u>	
	Miami, Florida 33166 City/State and Zip Code	
		£1+89#
-	E-mail address: (to be used for future annual report notification)	- " - j
For furt	ther information concerning this matter, please call:	2
	Torge F. Diaz at (305) 796-2804 20 20 20 20 20 20 20 20 20 20 20 20 20	Section 18 to 18 t
Enclos	sed is a check for the following amount:	
\$125.00	Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
Brew Box Miami, 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:
6840 N.W. 77th Cart 6840 N.W. 77th Court Miami, Florida 33166
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:  Torge F. Diaz  Name  6840 N.W. 77 Cast  Florida street address (P.O. Box NOT acceptable)
— <u>Hiami</u> FL 33166
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  Registered Agents Signature (REQUIRED)  (CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
President.	Jage F. DIAZ 3515 Sw 111th Avenue Miami, FL 33165
(Use attachment if necessary)	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than fective date is listed, the date must	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date must	st be specific and cannot be more than five business days   SECRETARY 6 ALL AHASSES
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section constitutes an affirmation of a magnetic days after that any false in constitutes a third degree for	mber of an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution of this document in a document to the Department of State elony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of ame  (In accordance with section constitutes an affirmation of I am aware that any false in constitutes a third degree for	mber of an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.  1. SECRETARY OF A STATE OF
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of ame  (In accordance with section constitutes an affirmation of a magnetic days after that any false in constitutes a third degree for	mber of an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document and the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)

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