

L11VVVV 64489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

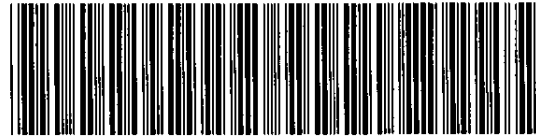
Special Instructions to Filing Officer:

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B. KOHR

JUN 2 2011

EXAMINER



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06/02/11--01003--021 \*\*155.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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11 JUN -2 PM 1:03  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

# LAZARUS

## CORPORATE FILING SERVICE

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

MIAMI, FL 33165 (305) 552-5973

FILED STATE  
SECRETARY OF CORPORATIONS  
11 JUN -2 PM 1:03

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. DELICIOUS LATIN CAFE LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is: **DELICIOUS LATIN CAFÉ LLC**

**ARTICLE II-Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **18800 NW 2<sup>nd</sup> Avenue, # 208, Miami Gardens, FI 33169.**

**ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**CRISTOBAL GIL**  
**18800 NW 2<sup>nd</sup> Avenue, # 208**  
**Miami Gardens, FI 33169**

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 Agent's Signature

**Article IV-Management (Check box if applicable).**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

**Cristobal Gil- Manager- 18800 NW 2<sup>nd</sup> Avenue, # 208**  
**Miami Gardens, FI 33169**

**(All additional article must be added if an effective date is requested)**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(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).

**CRISTOBAL GIL**  
\_\_\_\_\_  
Printed name of signee

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