

L11000064489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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

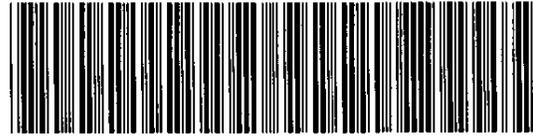
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JUN 2 2011

EXAMINER



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RECEIVED  
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DEPARTMENT OF STATE  
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11 JUN -2 PM 1:03

# LAZARUS CORPORATE FILING SERVICE

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

MIAMI, FL 33165 (305) 552-5973

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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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

### AMENDMENTS

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

### OTHER FILINGS

- Annual Report  
 Fictitious Name

### REGISTRATION/QUALIFICATION

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

Examiner's Initials

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

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**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