

**L1100017493**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : KRINJOENIA SERVICES, INC.  
Account Number : T10080000033  
Phone : (305) 644-3055  
Fax Number : (305) 644-3052

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
CACIIVACHOS LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

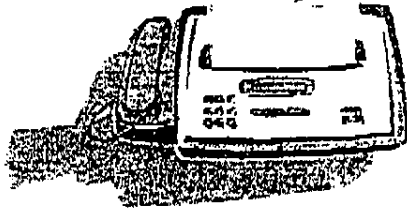
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**EXAMINER**

KRISJOENA SERVICES, INC.



FACSIMILE TRANSMITTAL SHEET

TO: Division of Corp. FROM: Krisjoenna. Serv.  
COMPANY: \_\_\_\_\_ DATE: 10-12-11  
FAX NUMBER: 1850-617-6383 TOTAL # OF PAGES INCLUDING  
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PHONE NUMBER: \_\_\_\_\_ SENDER'S FAX NUMBER: 305 644 3052  
RE: \_\_\_\_\_

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

2141 SW 1<sup>ST</sup> ST SUITE 110, MIAMI, FL 33135  
TEL: 305-644-3055  
FAX: 305-644 3052

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**CACHIVACHOS LLC**

**ARTICLE II - Address**

The mailing address and street of the principal office of the Limited Liability Company is:

**175 NE 120<sup>TH</sup> ST  
North Miami, FL 33161**

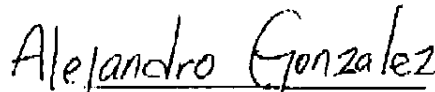
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**ALEJANDRO GONZALEZ**

**175 NE 120<sup>TH</sup> ST  
North Miami, FL 33161**

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 obligation of my position as registered agent as provided for in Chapter 608 F.S.

  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

Title

Name and Address

MGR - Manager

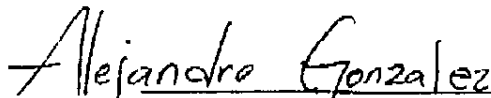
Alejandro Gonzalez  
175 NE 120<sup>TH</sup> ST  
North Miami, FL 33161

CFO - Treasurer

Sharon McClay  
175 NE 120<sup>TH</sup> ST  
North Miami, FL 33161

**Note:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



**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 fact stated herein are true.)

**ALEJANDRO GONZALEZ**

\_\_\_\_\_  
Typed or printed name of signed