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| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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D. BRUCE

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EXAMINER

COVER LETTER

. TO:

| TO: Registration Division o | on Section f Corporations | | | |
|-----------------------------|---|--|--|----------|
| SUBJECT: Ga | teway Restauran | t, LLC. | | |
| | es of Organization and fee(s) are | | | |
| Please return all cor | respondence concerning this mat | ter to the following: | | |
| <u>Humb</u> | erto Ortiz | N. CD. | | |
| | | Name of Person | | |
| Gatew | vay Restaurant, L | | | |
| | | Firm/Company | | |
| 8105 | West 20th Ave | | | |
| | | Address | | 3 |
| Hialeah | , Fl 33014 | | | 7 |
| | | ty/State and Zip Code | ASS | <u>s</u> |
| humber | to@horsepowerelect | tric.com | | ₽ |
| | · | for future annual report notification) | | <u> </u> |
| For further information | tion concerning this matter, pleas | e call: | SR G | .ர தூ |
| Humberto O | rtiz | at (305) 3455347 | | |
| N | ame of Person | Area Code & Daytime Telepl | hone Number | |
| Enclosed is a chec | ck for the following amount: | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo | & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci | rcle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE | I - Name: |
|---------|-----------|
|---------|-----------|

The name of the Limited Liability Company is:

Gateway Restaurant, 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: |
|---------------------------|------------------|
| 3105 west 20 ave | 8105 west 20 ave |
| | |

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:

Humberto Ortiz

Name

8105 west 20 ave

Florida street address (P.O. Box NOT acceptable)

Hialeah, Fl 33014

City, State, and Zip

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| | - Manager ' = Managing Member | Name and Address: | |
|---|--|--|-----------------------------|
| MGR | | Humberto Ortiz 8105 west 20 ave Hialeah Fl 33014 | |
| | | | |
| | | | |
| (Use attac | chment if necessary) | | _ |
| (If an effective da to or 90 days afte | te is listed, the date must be spr the date of filing.) | te of filing: (Ol pecific and cannot be more than five busing | PTIONAL) ness days prior |
| REQUIR | ED SIGNATURE: Signature of a member of | r an authorized representative of a member. | 12 E T |
| | (In accordance with section 608.40s constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as | 8(3), Florida Statutes, the execution of this documes epenalties of perjury that the facts stated herein are on submitted in a document to the Department of | e 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)