12000160992

(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:				
DEC 2 7 2012				
L. SELLERS				

Office Use Only



600242223036

12/20/12--01021--017 **160.00

FILLU 12 DEC 20 PM 3: 58 #EGRETARY OF STATE

¿ COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ED	Gra'no de C Name of Limited Lia	DRO REST	AUPANT LLC
The enclosed Articles of	Organization and fee(s) are submit	ted for filing.	
Please return all correspon	ndence concerning this matter to t	he following:	
_Ar	a Mario	edi-o-	ra
_ 21	Grano De	Company	Pestaurant LLC
<u>5421</u>	15th St	- 8	
Brac	tenton. F	ddress L 3 42 0 and Zip Code	3
RAGIN	aria pedro	re annual report notification)	naily com
For further information co	oncerning this matter, please call:		
Ang Marie	a Pedrox at (Area Code & Daytime Tel	ephone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	Certificate of Status	155.00 Filing Fee & Certified Copy additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

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

Mailing Address:

(Must end with the words "Limited Liability Company, "L.L.C.,"

STAURANT, LLC

3

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

Ana Maria Pedroza		
129 Seagul Lane Florida street address (P.O. Box NOT acceptable)		
Sarasota FL 34236 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appearistered agent and agree to act in this capacity. I further agree to comply with the pistatutes relating to the proper and complete performance of my duties, and I am fami accept the obligations of my position as registered agent as provided for in Chapter Registered Agent's Signature (REQUIRED)	ointment rovisions liar with	as of all and
(CONTINUED)	SECRE TALLAH	12 DEC
Page 1 of 2	ASSEL I	DEC 20 PM

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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 facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

maria Pedia

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)