

L120000160995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

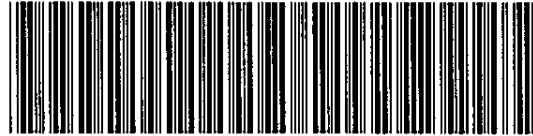
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

DEC 27 2012

L. SELLERS

Office Use Only



700242223027

12/20/12--01021--020 \*\*155.00

FILED

12 DEC 20 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Effective date entered and accepted incorrectly.  
Record updated 10/17/13; mmilligan

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: La Olla Criolla, LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Milagros De la Rosa  
Name of Person

La Olla Criolla, LLC.  
Firm/Company

1286 Seagate Drive apt. 104  
Address

Palm Harbor, Fla. 34685  
City/State and Zip Code

millie.delarosa@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert De la Rosa at ( 646 ) 714-8125  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check 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 enclosed)

**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 Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

La Olla Criolla, 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:

1286 Seagate Drive  
apt. 104  
Palm Harbor, Fla 34685

### Mailing Address:

1286 Seagate Drive  
apt. 104  
Palm Harbor, Fla. 34685

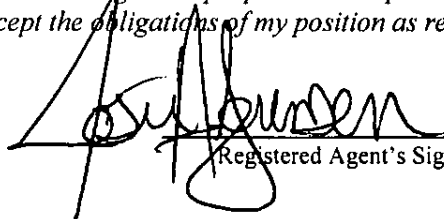
## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

In Corp. Services, Inc.  
Name  
17888 67th Court North  
Florida street address (P.O. Box NOT acceptable)  
Loxahatchee FL 33470  
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.*



on behalf of InCorp Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
12 DEC 20 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Milagros De La Rosa  
1286 Seagate Drive Apt 104  
Palm Harbor, Fla. 34685

MGRM

Robert De La Rosa  
1286 Seagate Drive apt. 104  
Palm Harbor, Fla. 34685

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 04, 2013 (OPTIONAL)  
(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:**

Milagros De La Rosa  
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.)

Milagros De La Rosa  
Typed or printed name of signee

**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)