

L13000139848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

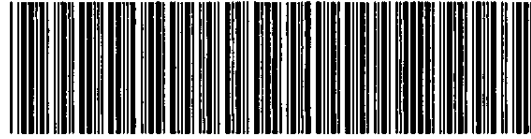
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-50824

Office Use Only



100251448651

09/12/13--01007--021 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT -2 AM 7:56

FILED

B. BOSTICK
OCT - 3 2013
EXAMINER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: La Botana 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:

Mary Ann Pecina
Name of Person

La Botana LLC.
Firm/Company

11130 U.S 41 S. suite 101
Address

Gibsonton, FL 33534
City/State and Zip Code

chasardett@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Ann Pecina at **(813) 3235775**
Name of Person Area Code & Daytime Telephone Number

2011 OCT -2 AM 7:56
SECRETARY OF STATE
TALLHASSEE, FLORIDA
FILED

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 Botana 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:

11130 U.S 41 S suite 101

11130 U.S 41 S suite 101

Gibsonton, FL 33534

Gibsonton, FL 33534

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:

Chasardett Ruffino

Name

4600 Turner Rd.

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


Mulberry

FL

City, State, and Zip

2013 OCT -2 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

Chasardett Ruffino
4600 Turner Rd
Mulberry, Fl 33860

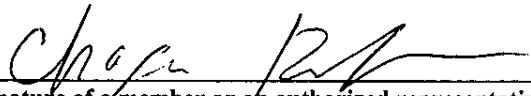
MGR

Mary Ann Pecina
4600 Turner Rd
Mulberry, Fl 33860

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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.)

Chasardett Ruffino

Typed or printed name of signee

2013 OCT -2 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2013

CHASARDETT RUFFINO
11130 U.S 41 S.
SUITE 101
GIBSONTOWN, FL 33534

SUBJECT: LA BOTANA LLC
Ref. Number: W13000050824

FILED
2013 OCT -2 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LA BOTANA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please chose only one Registered Agent., .

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 013A00021585