

**L14000008577**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : 120060000145  
Phone : (305) 769-4936  
Fax Number : (305) 769-1844

**\*\*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.  
HAVANA'S BAKERY CAFE, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Help

J. Shivers JAN 16 2013



January 16, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MENDEZ ACCOUNTAX

SUBJECT: HAVANA'S BAKERY CAFE, LLC  
REF: W1400003083

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H14000011514  
Letter Number: 614A00001083

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**HAVANA'S BAKERY CAFE, LLC.**

**ARTICLE II- Address:**


The mailing address and street address of the principal office of the Limited Liability Company is: 13390 SW 288 ST, HOMESTEAD FL 33033

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

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

**ALAIN VARELA  
13390 SW 288 ST  
HOMESTEAD, FL 33033**

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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 605, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV:**


The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

AMBR

ALAIN VARELA  
13390 SW 288 ST  
HOMESTEAD, FL 33033

  
-----  
Signature of member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), 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.)

ALAIN VARELA  
-----  
Typed or printed name of signee.

14 JUN 15 PM 10:43  
07/2/2015  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA