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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: _____

RECEIVED

14 APR 30 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
OPA LOCKA CAFETERIA, LLC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 30 AM 10:07

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

OPA LOCKA CAFETERIA, LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 14700 NW 22 AVE OPA LOCKA, FL 33054

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

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

**ESTEBAN CHAVEZ
14700 NW 22 AVE
OPA LOCKA, FL 33054**

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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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV:


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

Title:

Name and Address:

AMBR

ESTEBAN CHAVEZ
14700 NW 22 AVE
OPA LOCKA, FL 33054



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.)

ESTEBAN CHAVEZ

Typed or printed name of signee.