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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAMA SSEC, FLOORIDA

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## COVER LETTER \_

TO: Registration Division of C			
SUBJECT: Taco G	rill LLC Name of Lir	nited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
Adora W	sdom	Name of Person	
		Name of Person	
Taco Gril	ILLC	Firm/Company	······································
3341 NE	32nd St	Address	· · · · · · · · · · · · · · · · · · ·
Fort Lauc	lerdale, FL 33308		
	C	City/State and Zip Code	
adorawisdom@	hotmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information	n concerning this matter, ple	ase call:	
Adora Wisdom Nan	at (1	832 ) 588-3612 Area Code Daytime Te	elephone Number
Enclosed is a check fo	r 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:		
The name of the Salaras Salaras, company to		
33308Taco Grill LLC		<del></del>
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC	2.")
ARTICLE II - Address:	1 - CC CAL - I imited I inhility Commons	:
The mailing address and street address of the principa		15.
Principal Office Address:	Mailing Address:	
3341 NE 32nd St	NE 32 Ave 1411	
Fort Lauderdale, FL 33308	Fort Lauderdale, FL 33308	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra	wn Registered Agent. You must designate tion.)	an individual or
The name and the Florida street address of the register	red agent are:	
Adora Wisdom		
Na	me	
NE 32 Ave 1411	NOT	
Florida street address (P.O. E	sox NO1 acceptable)	
Fort Lauderdale	FL	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the Ch	cept the appointment as registered agent a ns of all statutes relating to the proper and	nd agree to act in this I complete performance
Registered Agent's 6ig		14 OCI 29 SECREJAR TABLAHASS
(CONTI	· ·	<u>@</u> ;~< €
Page 1	of 2	AM 9: 2 GF-STA E-FUORN

Title:	Name and Address:
"AMBR" = Authorized Member	Name and Address.
"MGR" = Manager	
MGR	Adora Wisdom
	NE 32 Ave 1411
	Fort Lauderdale, FL 33308
AMBR	Charles F Lustik
7,44,51	3300 E Oakland Park Blvd
	Fort Lauderdale, FL 33308
	···
(Use attachment if necessary)	
E V: Effective date, if other than the	tate of filing: (OPTIONAL)
EV: Effective date, if other than the offective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) especific and cannot be more than five business days prior to or 90 days
ective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days
REQUIRED SIGNATURE:  Signature of a  (In accordance with section	member or an authorized representative of a member.  a 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u	member or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member.  a 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.  a formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
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REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree for Articles of \$ 30.00 Certified Copy (Optiona)	member or an authorized representative of a member.  10 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.  11 formation submitted in a document to the Department of State delony as provided for in s.817.155, F.S.)  12 Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent
REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation of a management of a management of a constitutes at third degree for Adora Wisdoms 125.00 Filing Fee for Articles of	member or an authorized representative of a member.  10 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.  11 formation submitted in a document to the Department of State delony as provided for in s.817.155, F.S.)  12 Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent