

2/11/2015

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L1500036096

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000035790 3)))



H150000357903ABC/

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (800)293-4075

FILED  
 2015 FEB 11 AM 10:44  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: carlos.laavera10@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
SOBEFIT CUISINE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED  
 15 FEB 11 AM 10:00  
 DIVISION OF CORPORATIONS  
 BUREAU OF COMMERCIAL  
 INFORMATION SERVICES

FEB 12 2015  
 J. BRUCE

Electronic Filing Menu

Corporate Filing Menu

Help

H15000035790

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SOBEFIT CUISINE 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:**7170 SW 3rd Street  
Miami, FL 33144**Mailing Address:**7170 SW 3rd Street  
Miami, FL 33144**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:

Carlos Lahera

Name

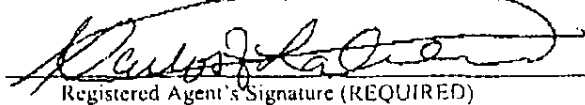
7170 SW 3rd StreetFlorida street address (P.O. Box **NOT** acceptable)Miami

City

FL 33144

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 605, F.S.*


Registered Agent's Signature (REQUIRED)

Carlos Lahera

(CONTINUED)

Page 1 of 2

FILED  
 2015 FEB 11 AM 10:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

H15000035790

H15000035790

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Carlos Lahera

7170 SW 3rd Street

Miami, FL 33144

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

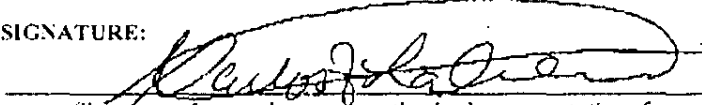
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL.)

(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.)

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a 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.)

Carlos Lahera

Typed or printed name of signee

FILED  
2015 FEB 11 AM 10:44  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

H15000035790