Electronic Filing Cover Sheet

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.

(((H15000094849 3)))



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

т	^	٠
	v	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*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. 109 RESTAURANT LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

TOWN APR 20 2015

ARTICLES OF ORGANIZATION
FOR 5
FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:
The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC." or "LLC.")
109 RESTAURANT LLC.
TOT RESTAURANT CCC.
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability
Company is: 529 SW 109 Ave; Miami, Fla 33/24
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (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.)
529 S.W. 109 ave
Miami F1 33174
ROUL DEL REAL PEREZ REGALADO
ROUL DEL REAL FEREL REGALTIGO
ARTICLE IV-
The name and title of each person authorized to manage and control the Limited
Liability Company:
RAUL DEL REAL PEREZ REGALAGO (AMBR)

H15000094849

		ر) منتقب	cπ		
,	,			\$1.6.9	*
Required Signatures:		<u> </u>		6	ì
Major Co Signatures.	<b>n</b>	77,000 577 1	<del>-ŏ</del>	الشقادان	7)
	//	ČO-		TOT STATE	-
•	, //	<u>Salii</u>		17	
		171,	ليشت	. grange	i i i
	//~X/		<u> </u>	· ·	9
_		<del>ب </del> ی		SPACE AND	3
			**	ij Norma	ļ
Signature of a member or an	authorized representative of	a member			
		سر'ش	ထာ	1	
		****			

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.

Raul Del REAL PEREZ Regalado
Typed or printed name of signce

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)