

L15000097787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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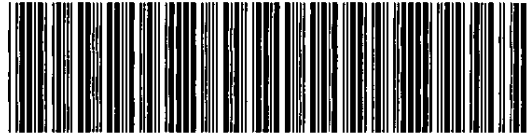
(Business Entity Name)

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6/5/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LARA TASTE, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN A. SANTIAGO

Name of Person

ACCOUNTING ADVISORS, LLC

Firm/Company

3076 BRIGHTWATER CT.

Address

KISSIMMEE, FL 34744-9134

City/State and Zip Code

accountingadvisors1978@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN A. SANTIAGO

321

682-5217

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

LARA TASTE, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the limited liability company will be Lara Taste, LLC

ARTICLE II

The mailing address and physical address of the company are:

3002 Redwood National Dr.
Orlando, Florida 32837

ARTICLE III

The name and address of the Resident Agent:

Kael Salas
3002 Redwood National Dr.
Orlando, Florida 32837

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.



Signature of Resident Agent

ARTICLE IV

The following persons are authorized to manage and control Lara Taste, LLC

Title

Name and address:

MGR. and AMBR

Kael Salas
3002 Redwood National Dr.
Orlando, FL 32837

ASST. MGR. and AMBR

Smelyelit Mujica
3002 Redwood National Dr.
Orlando, FL 32837

ARTICLE V

The effective date of the Limited Liability Company was May 26, 2015.



In accordance with section 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.

Kael Salas, MGR

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA