

04/28/2033 01:35

#4367 P.002/004

LIS 000105276

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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RECEIVED  
15 JUN 18 PM 1:41  
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**FLORIDA LIMITED LIABILITY CO.  
SABOR CUBANO TROPICAL LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
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**2ND REQUEST**

Corporate Filing Menu

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June 17, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: SABOR CUBANO TROPICAL LLC  
REF: W15000042083

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

PLEASE TYPE OR PRINT AUTHORIZED MEMBER NAME ..

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H15000147463  
Letter Number: 815A00012777

H15000141400

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

Sabor cubano Tropical LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

4685 NW 7 ST  
MIAMI FL 33126.

**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.)

ERNESTO R. BONILLA.  
4685 NW 7 ST  
MIAMI FL 33126

**ARTICLE IV:**

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

ERNESTO R. BONILLA (AMBR)  
4685 NW 7 ST  
MIAMI FL 33126

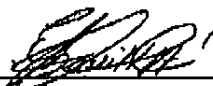
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**Required Signatures:**



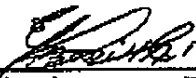
**Signature of a member or an authorized representative of a member.**

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.

\_\_\_\_\_  
**Typed or printed name of signee**

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)**

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