

L16000074973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

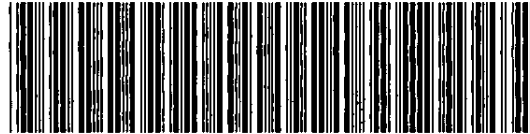
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/28/16--01004--002 **160.00

FILED
16 APR 18 PM 2:46
CLERK OF COURT
JANUARY 2016

4/19/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boricua Cuba Eatery, 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:

Roberto A. Quinones

Name of Person

Boricua Cuba Eatery

Firm/Company

3009 N. Andrews Ave. #1

Address

Wilton Manors, Fl. 33311

City/State and Zip Code

boricvacuba1@gmail.com

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

For further information concerning this matter, please call:

Roberto Quinones at 813

Name of Person

Area Code

494-5378 ← (5378)

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

16 APR 18 PM 2:44

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
16 APR 18 PM 2:44

March 31, 2016

BORICUA CUBA EATERY
3009 N. ANDREWS AVENUE #1
WILTON MANORS, FL 33311

SUBJECT: BORICUA CUBA EATERY, L.L.C.
Ref. Number: W16000023958

We have received your document for BORICUA CUBA EATERY, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 216A00006625

RECEIVED
16 APR 18 PM 4:42
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 04/12/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Boricua Cuba Eatery L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

16 APR 18 PM 2:44

ARTICLE II - Address:

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

Principal Office Address:

3009 N. Andrews Ave. #1
Wilton Manors, FL
33311

Mailing Address:

3009 N. Andrews Ave. #1
Wilton Manors, FL 33311

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:

Robert A. Quinones
Name
3009 N. Andrews Ave. #1
Florida street address (P.O. Box **NOT** acceptable)
Wilton Manors, FL 33311
City State 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)

(CONTINUED)

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:

Derek W. Shaeffer
3009 N. Andrews Ave. #1
Wilton Manors, Fl. 33311
(33311)

(Use attachment if necessary)

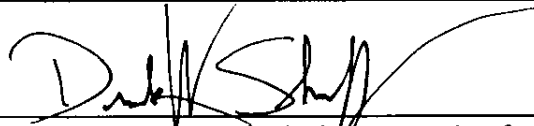
ARTICLE V: Effective date, if other than the date of filing: 4/12/16 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Derek W. Shaeffer

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

16 APR 18 PM 2:44

FILED