

**L16000084698**

Florida Department of State  
Division of Corporations  
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To:

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Account Number : 102350003270  
Phone : (863) 674-1027  
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FLORIDA LIMITED LIABILITY CO.  
B2SEA'OR PIA'AS, LLC

Certificate of Status	0
Certified Copy	1
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*05/04/16*

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ARTICLES OF ORGANIZATION

OF

SEÑOR PIÑAS, LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be SEÑOR PIÑAS, LLC.

ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be 121 North First Street, Immokalee, Florida 34142.

ARTICLE III

DURATION

This limited liability company shall exist until April 30, 2046, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY:

Thomas K. Boardman  
THOMAS K. BOARDMAN, P.A.  
P.O. Box 2197  
LaBelle, Florida 33975  
(863) 674-1027  
Florida Bar No. 103581

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ARTICLE IV  
MANAGEMENT

This limited liability company shall be managed by its members. The names and addresses of the manager/members are as follows:

Noe Leal, Jr.  
4671 Little League Rd.  
Immokalee, Florida 34142

Jose Maldonado  
252 Basilian Cresent  
Clewiston, Florida 33440

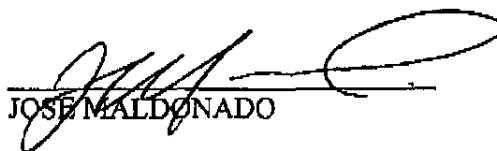
ARTICLE V  
RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI  
MEMBERS' RIGHTS TO CONTINUE BUSINESS

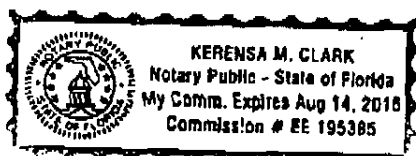
Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.


Executed by the undersigned at LaBelle, Florida, on May 3, 2016.

  
JOSE MALDONADO

STATE OF FLORIDA  
COUNTY OF HENDRY

The foregoing instrument was sworn to and acknowledged before me this 3 day of May, 2016, by JOSE MALDONADO, who is ☐ personally known to me or ☒ who has produced FL DL as identification.



  
NOTARY PUBLIC  
Name: Kerensa M. Clark

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SEÑOR PIÑAS, LLC
2. The name and address of the registered agent and office is:

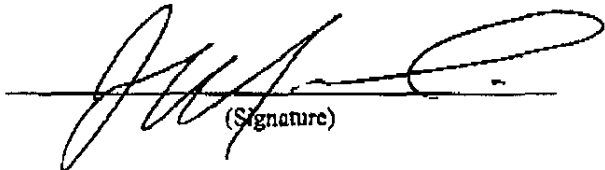
JOSE MALDONADO  
(Name)

252 Basilian Crescent  
(P.O. Box not acceptable)

Clewiston, Florida 33440  
(City/State/Zipcode)

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Having been named as registered agent and to accept service of process for the above state corporation 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.

  
(Signature)

5/3/16  
(Date)

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