

L16000124758

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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16 JUL -6 PM 1:47

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
ANGELITOS LLC**

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

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DIVISION OF CORPORATIONS
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July 6, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: ANGELITOS LLC
REF: W16000047143

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.

Please print or type the first and last name of the authorized representative. Article VI.

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

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000161794
Letter Number: 716A00014104

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ANGELITOS LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1250 NW 33RD STREET

1250 NW 33RD STREET

MIAMI, FL 33142

MIAMI, FL 33142

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:

MIGUEL ANGEL QUIROGA

Name

1250 NW 33RD STREET

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL

33142

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 provide for in chapter 605, F.S.

X 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV -

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MIGUEL ANGEL QUIROGA

1250 NW 33RD STREET

MIAMI BEACH FL 33141

AMBR

ALAN ARIEL QUIROGA BILT

1250 NW 33RD STREET

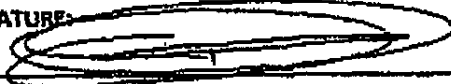
MIAMI FL 33142

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(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

X 

MIGUEL ANGEL Quiroga

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.

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