

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000173497 3)))



H160001734973ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
PERUVIAN CEVICHES, LLC**

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

16 JUL 19 PM 12:57

FILED

7/19/16  
7/19/16

Electronic Filing Menu

Corporate Filing Menu

Help

H16000173497

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

PERUVIAN CEVICHES, 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:

5813 NW 108<sup>TH</sup> PL

5813 NW 108<sup>TH</sup> PL

MIAMI, FL 33178

MIAMI, FL 33178

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:

WILSON ARINEZ

Name

5813 NW 108<sup>TH</sup> PL

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

MIAMI

FL

33178

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.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV -

16 JUL 19 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

H16000173497

H16000173497

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

WILSON ARINEZ

5813 NW 108<sup>TH</sup> PL

MIAMI, FL 33178

AMBR

MIRNA ROJAS DE ARINEZ

5813 NW 108<sup>TH</sup> PL

MIAMI, FL 33178

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

X

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.

16 JUL 19 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H16000173497