L16000139028

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





200287774472

07/11/16--01014--005 **130.00

TAPLINIASSIC FLORIDA

1/2/1/10

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	ECT: EL Nopal Southeast, LLC
	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Francisco Javier Villalobos
	Name of Person
	EL Nopal Southeast, LLC
	Firm/Company
	19111 Glenmoor Drive
	Address
	West Palm Beach, FL 33409
	City/State and Zip Code paco1973fran@hotmail.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Francisco Javier Villalobos at (561) 676-5702
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
] \$125.0	O Filing Fee X \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICELLOT ORGANIZATION TOWNSON	HIMMITES AND INCHES TO CONTRACT
ARTICLE I - Name: The name of the Limited Liability Company is:	
EL Nopal Southeast, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "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:
19111 Glenmoor Dr.	19111 Glenmoor Dr.
West Palm Beach, FL 33409	West Palm Beach, FL 33409
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent a	red Agent. You must designate an individual or
Francisco Javier Villal	obos

Name
19111 Glenmoor Dr.
Florida street address (P.O. Box <u>NOT</u> acceptable)
West Palm Beach, FL 33409

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)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Francisco Javier Villalobos
	19111 Glenmoor Dr
MGR	West Palm Beach, FL 33409 Alejandro Escobar Santana
- WIGH	19111 Glenmoor Dr
	West Palm Beach, FL 33409
(Use attachment if necessary) ICLE V: Effective date, if other than to effective date is listed, the date must	he date of filing: (OPTIONAL)
ICLE V: Effective date, if other than to effective date is listed, the date must ate of filing.) If the date inserted in this block does	t be specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be
ICLE V: Effective date, if other than to effective date is listed, the date must ate of filing.)	t be specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be
ICLE V: Effective date, if other than to effective date is listed, the date must ate of filing.) If the date inserted in this block document's effective date on the Department of the Departme	t be specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be
ICLE V: Effective date, if other than to effective date is listed, the date must ate of filing.) If the date inserted in this block do ocument's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be
ICLE V: Effective date, if other than to effective date is listed, the date must ate of filing.) : If the date inserted in this block do ocument's effective date on the Depa ICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document is I am aware that a constitutes a thire	of a member or an authorized representative of a member. So executed in accordance with section 605.0203 (1) (b), Florida Sistuites, my false information submitted in a document to the Department of State.
ICLE V: Effective date, if other than to effective date is listed, the date must ate of filing.) : If the date inserted in this block do ocument's effective date on the Department's effective date on the Department's effective date on the Department Signature Signature This document is I am aware that a constitutes a third	of a member or an authorized representative of a member. So executed in accordance with section 605.0203 (1) (b), Florida Sistinces my false information submitted in a document to the Department of State.