

L16000165727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

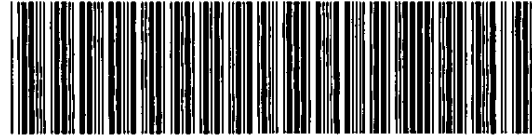
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2016 SEP -7 AM 7:28
STATE COURT OF FLORIDA
TALLAHASSEE, FLORIDA

HH

OCHOA'S ACCOUNTING SERVICE
30511 SW 149TH AVENUE
HOMESTEAD, FLORIDA 33033

TRANSMITTAL LETTER

DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: **Conny's Alfajor LLC**

Enclosed is an original and One (1) copy of Florida Limited Liability and a check for \$125.00 for the filling fees and certificate copy.

Any Questions, feel free to contact us at the above numbers



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2016

OCHOA'S ACCOUNTING SERVICE
30511 SW 149TH AVENUE
HOMESTEAD, FL 33033

SUBJECT: CONNY'S ALFARJOR LLC
Ref. Number: W16000053572

We have received your document for CONNY'S ALFARJOR LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The designation of the registered agent must be at a Florida street address.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 816A00016286

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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2016 SEP -7 AM 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES I

Name of the Company:

CONNY'S ALFAJOR LLC

ARTICLES II

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

Principal Office Address:
27573 South Dixie Hwy
Miami, Fla 33032

Mailing Address:
27573 South Dixie Hwy
Miami, Fla 33032

ARTICLE III

The name and address of the register Agent is:

Jorge Calderon

29730 SW 152nd Avenue
Homestead, Florida 33033

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 S.605 Florida Statutes.

Jorge Calderon
Registered Agent Signature

ARTICLE IV

FILED

2016 SEP -7 AM 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name and Address of each member is as following:

Title:

MGR

Jorge Calderon

29730 SW 152nd Ave.
Homestead, Fla 33033


Assistant MGR

Juana C. Calderon

29730 SW 152nd Ave.
Homestead, FL 33030

Effective date:

The effective date will be the DATE that the Department assign.



Signature

In pursuant to S.605.020, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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 605 FS.



Signee: Jorge Calderon