# L18000013117

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

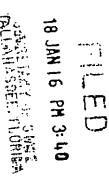
Office Use Only

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November 6, 2017

JUAN VEGA 4348 BALLARD RD. FORT MYERS, FL 33905

SUBJECT: PRFC (PUERTO RICAN FRIED CHICKEN) LLC

Ref. Number: W17000088591

We have received your document for PRFC (PUERTO RICAN FRIED CHICKEN) 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

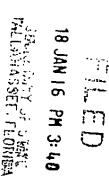
The second page of the document is not attached. Please resubmit the complete document for processing. Page 2 is missing.

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 017A00022394



# COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Puerto Rican Fried Chicken LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ucan Vega Name of Person
Firm/Company
4348 Bailard Rd. Address
Fat Myers FL 33905 City/State and Zip Code  Tasty PRFC@ Gmail. com
For further information concerning this matter, please call:
Uuan Vega at 239 334-7299  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following autount.  \$\int\\$125.00\text{ Filing Fee }\\$130.00\text{ Filing Fee & }\\$155.00\text{ Filing Fee & }\\$160.00\text{ Filing Fee.}
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  New Filing Section  District Control of the

Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTIGLE I - Name:

The name of the Limited Liability Company is:

Puerto Rican Fried Chicken LLC
(Must contain the words "Limited Liability 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:

therto Rican Fried Chicken	Puerto Rican Fried Chicken 4348 Ballard Rd.
4348 Bayard Rd.	4348 Ballard Rd.
For My 15 FL 33905	Fort Myers FL 33905
III Desigtared twent Businessed Office & Designared	Anont's Signature

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Principal Office Address:

(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:		18 J	
Uuan Vega Name	MIAS:	AN 16	
4348 Ballard Rd. Florida street address (P.O. Box NOT acceptable)	JASSEE, FE	<b>20</b>	
For Hyers FL 33905  City State Zip	DANGE TO SERVICE	ვ. <b>ნ</b>	

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Tris (2012 EL 33905  Tris (2012 EL 33905  4348 Sollard Ed.  Fort Hyers FL 33905
AMBR	
(If an effective date is listed, the date must be sp the date of filing.)	te of filing: \( \sum_{an} \) \( \frac{1}{2018} \). (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed as t of State's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

18 JAN 16 PH 3: 40