

# L18000 045 006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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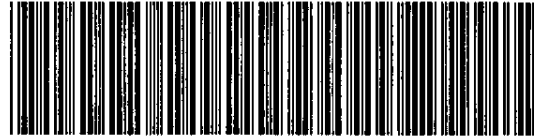
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

D O'KEEFE  
FEB 21 2018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CAUCHOS CENTER LAS DELICIAS 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:

RICAURTE MARTINEZ

Name of Person

CAUCHOS CENTER LAS DELICIAS LLC

Firm/Company

10050 NW 116TH WAY Suite 15

Address

MEDLEY, FL 33178

City/State and Zip Code

info@katelsa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICAURTE MARTINEZ

Name of Person

at ( 305 ) 342-1519

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CAUCHOS CENTER LAS DELICIAS LLC

(Must end with 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:

**Principal Office Address:**

10050 NW 116TH WAY Suite 15  
MEDLEY, FL 33178

**Mailing Address:**

10050 NW 116TH WAY Suite 15  
MEDLEY, 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:

RICAUARTE MARTINEZ

Name

10050 NW 116TH WAY Suite 15

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

MEDLEY

City

FL 33178

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

AMBR

**Name and Address:**

Javier Navarro

425 NE 22ND ST, 2803

MIAMI, FL 33137

Gilda VELAZCO

425 NE 22ND ST, 2803

MIAMI, FL 33137

RICAU RTE MARTINEZ

425 NE 22<sup>ND</sup> ST, 2803

MIAMI, FL 33137

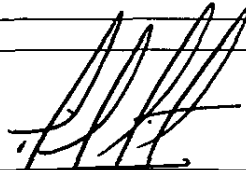
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.817.155, F.S.)

RICAU RTE MARTINEZ

Typed or printed name of signee

**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)

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TALLAHASSEE, FLORIDA

CAUCHOS CENTER LAS DELICIAS LLC  
10050 NW 116TH WAY Suite 15  
MEDLEY, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of CAUCHOS CENTER LAS DELICIAS LLC:

JAVIER NAVARRO  
425 NE 22ND ST, 2803  
MIAMI, FL 33137

GILDA VELAZCO  
425 NE 22ND ST, 2803  
MIAMI, FL 33137

RICAURTE MARTINEZ  
425 NE 22ND ST, 2803  
MIAMI, FL 33137



RICAURTE MARTINEZ, Organizer

2/6/2018

Date

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