

L18 000 165826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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18 JUL -6 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W18-49553

D O'KEEFE

JUL 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2018

EDUARDO ARRONA
1301 BELLEVUE BLVD
CLEARWATER, FL 33756

2nd CORRECTION REQUEST

SUBJECT: TACOS DON POLE Y DONA CHUY LLC
Ref. Number: W18000049553

We have received your document for TACOS DON POLE Y DONA CHUY LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Authorized person listed and signing must be the same.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 218A00012682

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REGISTRATION
COMMERCIAL
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INTRO



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TALLAHASSEE, FLORIDA

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60

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Tacos don Pde y dona Chuy 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:

Eduardo Arroyo

Name of Person

Firm/Company

1301 bellevue blvd

Address

Clearwater FL 33756

City/State and Zip Code

SebastianRcuartas@gmail.com

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

For further information concerning this matter, please call:

Sebastian Rueda at (201) 275 9886

Name of Person

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

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

Street Address

New Filing 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:

Tacos Don Pole y dona chuy 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:

Principal Office Address:

1301 bellevue blvd
Clearwater FL 33756

Mailing Address:

1301 bellevue blvd
Clearwater FL 33756

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:

Eduardo Arzola

Name

1301 bellevue blvd

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

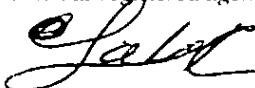
Clearwater FL 33756

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)

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TALLAHASSEE, FLORIDA

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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

Name and Address:

AMBR

AMBR

MGR

Eduardo Arrona

1301 Bellevue Blvd
Clearwater FL 33756

Eugenia Cuatras

1301 Bellevue Blvd
Clearwater FL 33756

Sebastian Rueda

1301 Bellevue Blvd
Clearwater FL 33756

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Eduardo Arrona

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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