

L18000178318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

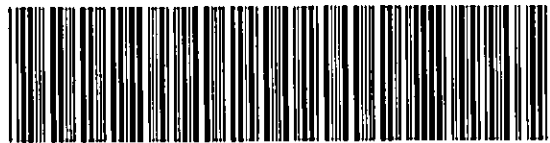
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000316052560

07/25/18--01001--007 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUL 25 AM 3:01

FILED

K. PAGE
JUL 25 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Rival Catering Services 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:

Mirna L. Garcia

Name of Person

Rival Catering services LLC.

Firm/Company

6900 SW 40th St

Address

Miami, FL 33155

City/State and Zip Code

Alver331@yahoo.com

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

For further information concerning this matter, please call:

Mirna L. Garcia at 305 310-1863

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:

Rival Catering Services 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:

6900 SW 40th St
MIAMI, FL 33155

Mailing Address:

P.O. Box 551969
MIAMI, FL 33255

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:

Pedro Alvarez

Name

1020 NW 45th Ave Apt. 215

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

Miami FL 33126

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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA
CLERK OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 25 AM 3:01

FILED

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

AMBR

Name and Address:

MIRNA L. GARCIA
6900 SW 40TH ST
MIAMI, FL 33155

PEDRO ALVAREZ
1020 NW 45TH AVE
MIAMI, FL 33126

FILED
2018 JUL 25 AM 3:01
STATE OF FLORIDA
DEPARTMENT OF STATE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/01/2018 (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:

Food and beverages services for all kinds of parties,
birthdays, baptisms and weddings.

REQUIRED SIGNATURE:

Pedro A Alvarez

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.

PEDRO A ALVAREZ

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)