

NOV/02/2018/FRI 01:07 PM

FAX No.

P. 001/005

11/2/2018

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing for Share

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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FLORIDA LIMITED LIABILITY CO.  
BONFYS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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TALLAHASSEE, FL

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Help

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

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**BONFYS, LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation  
"LLC," or "L.C.,")*

**ARTICLE II**

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

**Principal Office Address**

1818 SW 1ST AVE STE 2015  
MIAMI, FL 33129

**Mailing Address**

1818 SW 1ST AVE STE 2015  
MIAMI, FL 33129

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**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:*

**PRIME CORPORATE FILING SERVICES, LLC**

*Name*

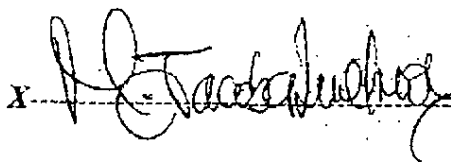
**1818 SW 1st AVE SUITE 2015**

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

**MIAMI, FL. 33129**

*FL City, State, and 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.*

X 

**Registered Agent's Signature (REQUIRED)**

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**ARTICLE IV**

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):**

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

**Title:**



**MAURICIO ANDRES NEIRA ANDA**  
1818 SW 1ST AVE STE 2015  
MIAMI, FL 33129

**AUTHORIZED MEMBER 100%**

**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.)*

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**REQUIRED: SIGNATURE**

X Mauricio Neira  
*Signature of a member or an authorized representative of a member.*

**MAURICIO ANDRES NEIRA ANDA**

*(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.)*

**ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

*The main objective of the company is:*

**RESTAURANT, FOOD SERVICE & FOOD TRUCK**

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