

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1900005455

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190000086153)))



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To:

Division of Corporations

Fax Number : (850)617-6381✓

From:

Account Name : IBRAHIM LAW, P.A.

Account Number : I20160000084

Phone : (954)438-8393

Fax Number : (954)438-6540

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Upata Restaurant Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
2019 JAN -8 AM 10:59
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Upata Restaurant Group, 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:

ODALYS IBRAHIM, ESQUIRE

Name of Person

IBRAHIM LAW, P.A.

Firm/Company

11200 PINES BOULEVARD SUITE 200

Address

PEMBROKE PINES, FLORIDA 33026

City/State and Zip Code

OIBRAHIM@IBRAHIMLAWPA.COM

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

For further information concerning this matter, please call:

ODALYS IBRAHIM, ESQUIRE 954 438-8393

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Upata Restaurant Group, 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:14429 S.W. 42 StreetMiami, Florida 33175Mailing Address:14429 S.W. 42 StreetMiami, Florida 33175

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.)

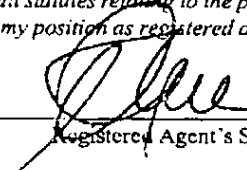
The name and the Florida street address of the registered agent are:

Ibrahim Law, P.A.Name11200n Pines Boulevard Suite 200Florida street address (P.O. Box NOT acceptable)Pembroke PinesFlorida33028CityStateZipRECEIVED
TAMPA, FLORIDA
JAN 10 2019

2019 JAN -8 AM 10:59

FILED

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

Name and Address:

WHEAT INVESTMENTS LLC

11429 S.W. 42 STREET

MIAMI, FLORIDA 33175

MGR

BOCAS FOOD GROUP LLC

3399 NW 72ND AVENUE, SUITE 128

MIAMI, FL 33172

(Use attachment if necessary)

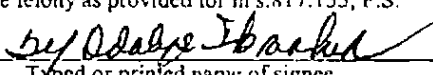
ARTICLE V: Effective date, if other than the date of filing: January 4, 2018. (OPTIONAL)

(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.**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.

LEVIN DE GRAZIA


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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