

L1900005455

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

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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

2019 JAN -8 AM 10:59  
FILED  
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 at (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 "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

14429 S.W. 42 Street

14429 S.W. 42 Street

Miami, Florida 33175

Miami, 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.

Name

11200n Pines Boulevard Suite 200

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

Pembroke Pines

Florida

33028

City

State

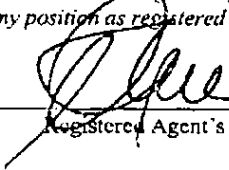
Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

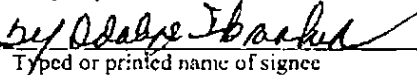
**REQUIRED SIGNATURE**



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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