

L19000171309

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : KOEPPPEL LAW GROUP, P.A.
Account Number : I20070000064
Phone : (561) 659-6455
Fax Number : (561) 659-7006

****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.
BAYSIDE TACO, LLC

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

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JUL 15 2019

2019 JUL 12 AM 11:29

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DIVISION OF REVENUE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

19 JUL 12 AM 9:58

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAYSIDE TACO, 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:400 CLEMATIS STREET - SUITE 205
WEST PALM BEACH, FL 33401**Mailing Address:**400 CLEMATIS STREET - SUITE 205
WEST PALM BEACH, FL 33401**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:

JOEL P. KOEPPPEL, ESQ.

Name

1515 N. FLAGLER DR. - SUITE 220Florida street address (P.O. Box **NOT** acceptable)WEST PALM BEACH FLORIDA 33401

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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Jul. 12. 2019 11:11AM

No. 0861 P. 3

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DIVISION OF REVENUE

ARTICLE IV-

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

19 JUL 12 AM 9:58

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

EL TACO GUAPO CO., LLC

400 CLEMATIS STREET - SUITE 205

WEST PALM BEACH, FL 33401

(Use attachment if necessary)

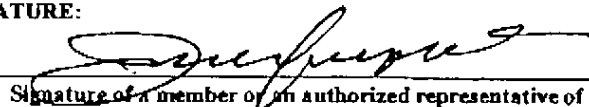
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

JOEL P. KOEPFEL

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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