

L19000 273474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

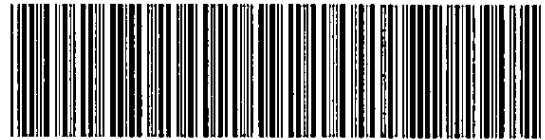
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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19 NOV 12 PM 5:46  
FBI - BOSTON

D O'KEEFE  
NOV 15 2019

W19-95879



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2019

HECTOR MIGUEL SANCHEZ MIRANDA  
2678 ST JOHNS BLUFF RD APT 122  
JACKSONVILLE, FL 32246

SUBJECT: SABOR CRIOLLO LATIN FOOD LLC  
Ref. Number: W19000095879

We have received your document for SABOR CRIOLLO LATIN FOOD LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Officer's name is missing in Article IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 619A00022363

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CLERK OF THE COURT  
JACKSONVILLE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** SABOR CRIOLLO LATIN FOOD 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:

HECTOR MIGUEL SANCHEZ MIRANDA

Name of Person

Firm/Company

2678 ST JOHNS BLUFF RD APT 122

Address

JACKSONVILLE FL 32246

City/State and Zip Code

solutioninternationalcorp@yahoo.com

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

For further information concerning this matter, please call:

HECTOR M SANCHEZ

904

4141033

at ( )

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:

SABOR CRIOLLO LATIN FOOD 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:

2678 ST JOHNS BLUFF RD APT 122  
JACKSONVILLE FL 32246

Mailing Address:

P.O. BOX 16672  
JACKSONVILLE FL 32245

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:

HECTOR MIGUEL SANCHEZ MIRANDA

Name

2678 ST JOHNS BLUFF RD APT 122

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

JACKSONVILLE      FLORIDA      32246

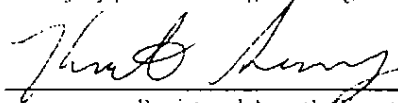
City

State

Zip

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CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

*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.*

 (Hector M Sanchez Miranda)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

HECTOR MIGUEL SANCHEZ MIRANDA

2678 ST JOHNS BLUFF RD APT 122

JACKSONVILLE FL 32246

(Use attachment if necessary)

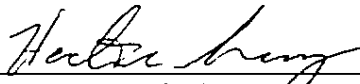
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Hector M Sanchez Miranda

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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