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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Cuban Food on Wheels 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:
Name of Person
Cuban Food on Wheels Firm/Company
1125 Carrin Dr. Address
City/State and Zip Code naibet-glezzoalive.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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:
(Musi conatin the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE 11 - Address:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1125 CARRENDR. 1125 CARRENDR. THUHHASSEC.FL 32311
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: \(\lambda \cdot \cdo\cdot \cdot
1125 Carrin Dr.
District the second of the sec
Talla street address (P.O. Box SOL acceptable) Talla La
City State Zip
aving been named as registered agent and to accept service of process for the above stated limited liability company at the acceptance designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and a 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)

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

"AMBR" = Authorized Member "MGR" = Manager	
· 17. 7	a cubet loca zalez
<u> </u>	1125 CARREA NA
	THILHITASSEE, FI 32811
MGR	Roberto Alvarez
	CAZE DEERWOOD BUD GREENITHE, FL 32331
	GKEENITHE, FL 32331
**	
Use attachment if necessary)	
	ment of State's records.
nent's effective date on the Departa	ment of State's records.
	Them of State's records.
EVI: Other provisions, if any. REOURED SIGNATURE: Signature of	a member or an authorized representative of a member.
REOUIRED SIGNATURE: Signature of This document is e	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes
REOURED SIGNATURE: Signature of This document is e I am aware that any	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes false information submitted in a document to the Department of State
REOUIRED SIGNATURE: Signature of This document is e I am aware that any	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes of false information submitted in a document to the Department of Statutes degree felony as provided for in s.817.155. F.S.
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