# -20000051487

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bi	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
Office Use Only				



800340915898

02/20/20--01015--002 \*\*130.00

2020 PER 20 CE 12: 62 PEB 20 PH

J DENNIS FEB 20 2020

### COVER LETTER

ŧ.

TO:	New Filing Section of Cor			20 FEB 20 PM 1: \$2
CUDIE		KREYOL KWIZINE RES	TAURANT GROUP LLC	· • ¿
SUBJE	ж:	Name of Lim	ited Liability Company	
The end	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspo	ndence concerning this mat	iter to the following:	
	ALAIN CHA	ARLES		
			Name of Person	
		·	Firm/Company	
	1818 SOUTE	I MONROE ST		
			Address	
	TALLAHAS	SEE FL 32301		
			ty/State and Zip Code	
	obongukk@gr		for future annual report notific	potion)
Zan Garak				zatton)
'OF IUFUI	er information cor	ncerning this matter, please	can:	
	GUERBY DE	ESTINA 850 at (	296-0818	
	Name		ea Code Daytime Teleph	one Number
Enclose	ed is a check for th	ac following amount:		
<b>∐\$12</b> 5	5,00 Filing Fee	≅\$130.00 Filing Fee & Certificate of Status	LI\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ll\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	g Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Liabi	lity Company is:		20 FEL	B 28 PH 1: 87
O BONGU KREYO	OL KWIZINE RESTAURA	ANT GROU	P LLC	· // /: 世夕
(Must co	natin the words "Limited L	iability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the L	l mited Liability Company is:	
Principal Office Address:		Mailing Address:		
1818 SOUTH MONROE ST TALLAHASSEE FL 32301		<u>.</u>	1818 SOUTH MONROE ST TALLAHASSEE FL 32301	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an The name and the Florida street	ny cannot serve as its own En active Florida registration	Registered A		individual or
	GOERBT DESTINA	Name		
	1818 SOUTH MONR		MT	
	Florida street address	(r.O. Box <u>c</u>	iOI acceptable)	
	TALLAHASSEE	FL.	32301	
	City	State	Zip	
laving been named as registered lace designated in this certifical orther agree to comply with the m familiar with and accept the o	te, I hereby accept the appo provisions of all statutes rel phligations of my position a	intment as re lating to the registered	gistered agent and agree to a <del>rep</del> per and complete perform	ect in this capacity. I ance of my dutics, and I
		CONTINI	IEDY	

## ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR MGR	ALAIN CHARLES 1818 SOUTH MONROE ST TALLAHASSEE FL 32301	20,78
<u>AMBR</u>	GUERBY DESTINA 1818 SOUTH MONROE ST TALLAHASSEE FL 32301	20 (28 28 8) 1: 82
(Use attachment if necessary)		
f an effective date is listed, the date mus e date of filing.)	he date of filing:  t be specific and cannot be more than five business  es not meet the applicable statutory filing requirement of State's records.	s days prior to or 90 days afte
RTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:		
This document is I am aware that a	of a member or an authorized representative of a executed in accordance with section 605.0203 (1) (by false information submitted in a document to the degree felony as provided for in s.817.155, F.S.	b), Florida Statutes.
<u>GUERBY</u>	DESTINA  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)