## iorida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:	Division of Corporations Fax Number : (850)617-6381	L 30 PM	- m
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: (305)675-5944

## FLORIDA LIMITED LIABILITY CO. VEGIES LOUNGE CAFE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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JUL 31 2020

## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	M 3: 0: F STATE
Vegbies Lounge Cafe. LLC	D6
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Lie  Company is:	ahiki.
2200 North 29 Ave #307 Hollywood	Floring
	<del></del>
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Lia Company cannot serve as its own Registered Agent. You must designate an Individual or another business entity with an active Florida registration.)  Albany Entree Aquino Castrillo  2200 North 29 Ave #307 Holly wood Florida 33020	
ARTICLE IV  The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
Albany JENIREE AQUINO Castrillo (	AMBR)

Required Signatures:	2020 TALL	
$\bigcirc U$	TJUL 3 CRETAR AHASS	<u></u>
Signature of a member or an authorized a	E C	Ш
In accordance with	epresentative of a member	

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

Albany JENIREE AQUINO CASTRIllo
Typed or printed name of signee

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)