

L20000300224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

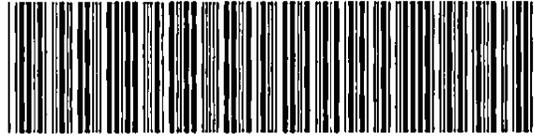
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2020 OCT -2 PM 3:56  
2020 OCT -2 AM 8:29  
FILED  
STATE OF TEXAS  
TARRANT COUNTY

C RICO  
OCT 05 2020

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. MAGIC CITY BODEGA LLC

Name

Document Number (if known)

Walk in

Will wait

Certified Copy of:

Certificate of Status

**NEW FILINGS**

**AMENDMENTS**

Profit

Amendment

Not for Profit

Resignation of R.A. Officer/Director

Limited Liability

Change of Registered Agent

Domestication

Dissolution/Withdrawal

INC

Conversion

OTHER

Merger

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

Annual Report

Foreign

Fictitious Name

Limited Partnership

Reinstatement

Statement of Authority

Trademark

APOSTIL

Other

COUNTRY

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT: Magic City Bodega 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:

Geraldly Alfreus  
\_\_\_\_\_  
Name of Person  
  
Magic City Bodega LLC  
\_\_\_\_\_  
Firm/Company  
  
3496 NW 7th St  
\_\_\_\_\_  
Address  
  
Miami, FL 33125  
\_\_\_\_\_  
City/State and Zip Code  
  
otherdocsforus@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

*For further information concerning this matter, please call:*

Lura Barua                      888                      650-3738  
\_\_\_\_\_  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Magic City Bodega 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:**

**Mailing Address:**

3496 NW 7th St  
Miami, FL 33125

3496 NW 7th St  
Miami, FL 33125

**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:

<u>Corporation Service Company</u>		
Name		
<u>1201 Hays Street</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
City	State	Zip

FILED  
 2020 OCT - 2 AM 8: 29  
 TALLAHASSEE, FL  
 STATE SECRETARY OF STATE

*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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR \_\_\_\_\_

GFA Financial Holdings LLC \_\_\_\_\_

800 Brickell Ave PH2-1010 \_\_\_\_\_

Miami FL 33131 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

*Gerald Alfres*

\_\_\_\_\_  
**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.

Gerald Alfres

\_\_\_\_\_  
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)