L20000319832

(Requ	uestor's Name)	
(Addı	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



100353625561

2128 OCT 16 AM 8: 22 SECRETARY OF STATE TALLALVASSEE, FL

RECEIVED

N CUILIGAN OCT 1 703

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DOCUMENT NUME	BER	
		E THE ATTACHED AND RETURN**
	Plain Copy	
XXXX	Certified Copy	
	Certificate of Stat	ias -
	Certified Copy of s	HE FOLLOWING FOR THE ABOVE ENTITY** Arts & Amendments Arts & Amendments Complete File (Including Annual Reports) ius
	Certificate of Stat	as Reflecting:
	APOSTILLE	"/ NOTARIAL CERTIFICATION
COUNTRY OF DESTA	MATIDII	
	TICATES REQUESTED_	
FOTAL OWED \$	155.00	ACCOUNT # 120140000108 (Cutty) United Corporate Services, Inc. Services, Inc. Thank you so mach!

COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	Guerrilla Dining Concepts, LLC
306.120	Name of Limited Liability Company
The encle	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Dolores Burton
	Name of Person
	United Corporate Services, Inc.
	Firm/Company
	100 State Street, Suite 800
	Address
	Albany, NY 12207
	City/State and Zip Code andrew@axslawgroup.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

FILED

2020 OCT 16 AH 8: 23

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liab	oility Company is:			
Guerrilla Dining	Concepts, LLC.			
(Must c	ontain the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stree	et address of the principal	office of the Limit	ed Liability Company is:	
Prin	cipal Office Address:		Mailing Address:	
Guerrilla Dining	Concepts, LLC.	<u>C</u> i	uerrilla Dining Concepts, LLC.	
1500 Collins Ave		1:	500 Collins Ave	
Miami Beach, Fl.	33139	N.	liami Beach, FL 33139	<u> </u>
ARTICLE III - Registered of the Limited Liability Companother business entity with The name and the Florida street.	any cannot serve as its ow an active Florida registrati	n Registered Agen on.)	gent's Signature: t. You must designate an individua	.l or
	Andrew Cromer	<u> </u>		
		Name		
	212 NW 2nd Ave, \$	Suite 201		
	Florida street addre	ss (P.O. Box NOT	acceptable)	
	Wynwood	FL	33127	
	City	State	Zip	

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)

2121 OCT 16 AM 8: 23

<u>Title:</u>		Name and Address:	
	Authorized Member		
"MGR" = N	•		
Mgr		Laura Freedman 1500 Collins Ave	:
		1500 Collins Ave Miarni Beach, FL 33139	1
			:
Mgr		Laila Bazahm 1500 Collins Ave	;
		Mlami Beach, FL 33139	1
	<u>. </u>		•
	nent if necessary)	late of filing: (OPTIONAL)	
LE V: Effecti fective date is of filing.) The date inse	we date, if other than the dillisted, the date must be	late of filing:	
EV: Effective date is of filing.) The date insoment's effective	ve date, if other than the distinct the date must be	specific and cannot be more than five business days prior to or 90 or most the applicable suitutory filing requirements, this date will not	
EV: Effective date is of filing.) The date insoment's effective	we date, if other than the distributed, the date must be ented in this block does notice date on the Department.	specific and cannot be more than five business days prior to or 90 or most the applicable suitutory filing requirements, this date will not	
EV: Effective date it of filing.) The date insoment's effective date.	we date, if other than the distributed, the date must be ented in this block does notice date on the Department.	of most the applicable statutory filing requirements, this date will not ent of State's records.	
EV: Effective date it of filing.) The date insoment's effective date.	we date, if other than the distinct, the date must be sitted, the date must be sitted in this block does notice date on the Department provisions, if any.	specific and cannot be more than five business days prior to or 90 of most the applicable statutory filing requirements, this date will not cent of State's records.	
EV: Effective date it of filing.) The date insoment's effective date.	ve date, if other than the distinct, the date must be ented in this block does notive date on the Department provisions, if any. DISIGNATURE: Signature of a This document is exellent aware that any times.	of meet the applicable statutory filing requirements, this date will not ent of State's records. Med Me member or an authorized representative of a member, sourced in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State	
EV: Effective date it of filing.) The date insoment's effective date.	ve date, if other than the distinct, the date must be ented in this block does notive date on the Department provisions, if any. DISIGNATURE: Signature of a This document is exellent aware that any times.	of meet the applicable statutory filing requirements, this date will not cert of State's records. We have member or an authorized representative of a member, each authorized representative of a member accordance with section 605,0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817,155, F.S.	

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)