# L21000294461

(Requestor's Name)
(Address)
, , ,
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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120/21

## Sunshine State Corporate Compliance Company

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

DATE 06/24/2021			⇔WALK IN*
ENTITY NAME Gran Tac	ueria Maria y Guille	rmo, LLC	
DOCUMENT NUMBER			
	**PLEASE FILE THI	E ATTACHED AND RETURN**	
	Plain Copy		
XXXX	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Sta		
	**APOSTILLE' / N	OTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION	DN		
NUMBER OF CERTIFICAT	ES REQUESTED		
TOTAL OWED \$155.00		ACCOUNT #: 12016000007	72
Places call Time at the	ahana mumham bam	anu issues or concerns. <b>Thank usa</b> s	ea much!

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

2021 JUN 24 AM 10: 50 SECRETARY OF STATE TALLAHASSEE, FL

AR	Т	C	LE	1 -	N.	ıme:
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The name of the Limited Liability Company is:

				MLLAHASS
Gran Taqueria Maria	<del></del>			
(Must conta	in the words "Limited	l Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	idress of the principal	office of the Lin	nited Liability Company is:	
Princips	ıl Office Address:		Mailing Address:	
69 SW 7th Street			265 Bowery, 2nd Floor	
Miami, FL 33130	_		New York, NY 10002	
The name and the Florida street a	NRAI Services, Inc	~		
	1200 South Pine Isl	and Road		
	Florida street addre	ss (P.O. Box <u>N</u> O	OT acceptable)	
	Plantation	FL	33324	
	City	State	Zip	
dace designated in this certificate, arther agree to comply with the pro	I hereby accept the apporting appropriate of all statutes ligations of my position	pointment as reg relating to the pr n as registered as OFL	r the above stated limited liability of istered agent and agree to act in the oper and complete performance of tent as provided for in Chapter 605 gnature (REQUIRED)	is capacity. I my duties, and I

(CONTINUED)

#### ARTICLE IV-

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

"AMBR" = Authorized Memb	Name and Address:
MARCON ACCOUNT	oer .
"MGR" = Manager	
<u>MGR</u>	John D. Wolos
	265 Bowery, 2nd Floor New York, NY 10002
	Total Total Total
MGR	John Hill
	265 Bowery, 2nf Floor
	New York, NY 10002
	John Hill
MGR	Dieter Wiechmann 2
	265 Bowery, 2nd Floor New York, NY 10002
	New York, NY 10002
n effective date is listed, the date i late of filing.) e: If the date inserted in this block	nan the date of filing:
TCLE VI: Other provisions, if any.	<del></del>
	0.0.
ICLE VI: Other provisions, if any.	20
REOUIRED SIGNATURE:  Signature This documents am aware the	00.
REOUIRED SIGNATURE:  Signature: This document of a management of the constitutes a term of the constitutes a term of the constitutes and the constitutes are the const	are of a member or an authorized representative of a member.  In is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State

#### 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)