

L210000316832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Special Instructions to Filing Officer:

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JUL 12 2021



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10/27/20--01010--014 \*\*160.00

2021 JUN 24 AM 10:03

Correction

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: El Chiflado Express 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:

Tracey Pyles  
Name of Person  
El Chiflado Express LLC  
Firm/Company  
15808 N. CR 349  
Address  
Live Oak, FL 32060  
City/State and Zip Code  
elchifladoexpress@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Tracey Pyles at 229 308-2078  
Name of Person Area Code Daytime Telephone Number  
305 432-1801

Enclosed is a check for the following amount:

Already paid.

☐ \$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:

El Chiflao Express 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:

15808 N. County Road 349  
LIVE OAK, FL. 32062

Mailing Address:

P.O. BOX 353  
McALPIN, FL. 32062

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:

Tracey Pyles

Name

15808 N. CR 349

Florida street address (P.O. Box **NOT** acceptable)

LIVE OAK FL. 32060

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.*

Tracey Pyles

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

**Name and Address:**

Jesus Manuel Perez  
5808 North County Road 349  
Live Oak, FL 32060

Cynthia Anne Pyles-Hosein  
626 N.W. 110 Street  
Mialeah, FL 33012

(Use attachment if necessary)

2021 JUN 24

**ARTICLE V:** Effective date, if other than the date of filing: 1 (OPTIONAL) 60 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:**

Tracey Pyles

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.

Tracey Pyles

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)