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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : I20190000020
Phone : (786)953-7449
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**FLORIDA LIMITED LIABILITY CO.
LOS HIJOS DE SANCHO GASTRONOMY LLC**

Certificate of Status	0
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Corporate Filing Menu

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**Articles of Organization
For
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

Article I

**The name of the limited liability company is:
LOS HIJOS DE SANCHO GASTRONOMY LLC**

Article II

**The street address of the principal office of the Limited Liability Company is:
2791 VILLAGE BLVD APT 206
WEST PALM BEACH, FL. 33409**

**The mailing address of the Limited Liability Company is:
2791 VILLAGE BLVD APT 206
WEST PALM BEACH, FL. 33409**

Article III

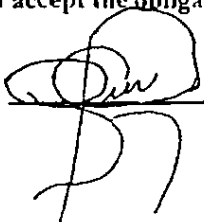
**Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS.**

Article IV

**The name and Florida street address of the registered agent is:
GUSTAVO SANCHEZ
2791 VILLAGE BLVD APT 206
WEST PALM BEACH, FL. 33409**

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature:



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SECRETARY OF STATE
TALLAHASSEE, FL

Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR
GUSTAVO SANCHEZ
2791 VILLAGE BLVD APT 206
WEST PALM BEACH, FL 33409

Signature: _____

Title: AMBR
NELLSY AGUILAR
2791 VILLAGE BLVD APT 206
WEST PALM BEACH, FL 33409

Signature: _____

Article VI

The effective date of this Limited Liability Company Shall be:

07/20/2021

Signature of member or an authorized representative:

Signature: _____

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

21 JUL 27 AM 2:11:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FL