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COVER LETTER

TO:	New Filing Sec Division of Cor							
SUBJE		S STREET FOOD	. LLC					
30031	ECT:	Nan	ne of Lim	ited Liabili	ty Company			
The en-	closed Articles of	Organization and	fee(s) are	submitted	for filing.			
Please	return all correspo	ondence concernin	g this ma	iter to the f	ollowing:			
	RONY GON	1EZ						
				Name of	Person	 -		
				D: 10:				
				Firm/Co	mpany			
	2621 STON	EGATE DRIVE						
		Address						
	TALLAHAS	SSEE, FL 32308						
	RONYITOU			-	d Zip Code			
		E-mail address: (to	be used	for future a	nnual report notificati	on)		
For furth	ner information co	ncerning this matt	er, please	call:				
	SHANNON	ROSIER	85 at (877-6362			
	Nam	e of Person			Daytime Telephon			
Enclos	ed is a check for t	he following amou	mt:					
■ \$12	5.00 Filing Fee	□\$130,00 Filir Certificate of S		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	· · · · · · · · · · · · · · · · · · ·	g Address			Street Address			
		iling Section on of Corporations	š		New Filing Section Di The Centre of Tallaha			
		ox 6327	-		2415 N. Monroe Stree			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PENDEJOS STREET FOOD, LLC. (Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address: the mailing address and street address of the principal of	ffice of the Limited Liability Company is: Mailing Address:
<u>Principal Office Address</u> :	 -
2621 STONEGATE DRIVE TALLAHASSEE, FL 32308	Z621 STONEGATE DRIVE TALLAHASSEE, FL 32308
TALLMOADOLL, IL DEMO	TALLER TROOFICE TO DECOM

The name and the Florida street address of the registered agent are:

SHANNON ROSIER

Name

1882 CAPITAL CIRCLE NE STE.102

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

FLOIRDA 32308 TALLAHASSEE Zip

State City

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.,

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	RONEY GOMEZ 2621 STONEGATE DRIVE TALLAHASSEE, FL 32308
(Use attachment if necessary)	
If an effective date is listed, the date must be s he date of filing.)	the of filing:
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	nu Ros
This document is exec	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

Shannon Rosier
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)
- S 5.00 Certificate of Status (Optional)