

11/9/21, 11:13 AM

Division of Corporations

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H21000415031 3)))



H210004150313ABCR

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC  
Account Number : 120070000033  
Phone : (305)649-7040  
Fax Number : (305)643-3237

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: AraicaIsabel@gmail.com

## FLORIDA LIMITED LIABILITY CO. FOOD LOVERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO: New Filing Section  
Division of Corporations

## FOOD LOVERS LLC

SUBJECT: \_\_\_\_\_  
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:

## ANA ISABEL ARAICA

\_\_\_\_\_  
Name of Person

PEREZ ARCHE AND ACCOUNTING & TAX SERVICES

\_\_\_\_\_  
Firm/Company

4011 W FLAGLER ST STE 501

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City/State and Zip Code

ARAICAISABEL@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## RODRIGO VALVERDE ARMENGOL

\_\_\_\_\_  
Name of Person

at ( 305 ) 649-7040  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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:

**FOOD LOVERS 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:****Mailing Address:**4011 W. FLAGLER ST STE 502  
CORAL GABLES, FL 331344011 W. FLAGLER ST STE 501  
CORAL GABLES, FL 33134**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.)

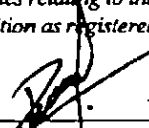
The name and the Florida street address of the registered agent are:

**RODRIGO VALVERDE ARMENGOL**

Name

**4011 W. FLAGLER ST STE 502**Florida street address (P.O. Box **NOT** acceptable)  
**CORAL GABLES FL 33134**

*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)

2021 NOV 12 PM 9:20  
C.D.

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

RODRIGO VALVERDE ARMENGOL

4011 W. FLAGLER ST STE 501

CORAL GABLES, FL 33134

(Use attachment if necessary)

JANUARY/01/2022

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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.

EFFECTIVE DAY 01/01/2022

**REQUIRED SIGNATURE:**

  
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.

RODRIGO VALVERDE ARMENGOL

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)

2021 NOV 12 AM 9:20

CL