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FLORIDA LIMITED LIABILITY CO. BURGUER FOOD LLC

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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BURGUER FOOL LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 9709 SANCTUARI SQUARE DR UNIT 207 COLDIN 3283 ORCHARO FL ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limital Liability Company cames serve as its own Registered Agent. You must designate an individual or another business entry With an active Florida registration.) LUIS Rafael Parra Troconis 9709 Sanctuari Square Dr. Unit 207 Orlando FL. 32832 ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) LUIS RAFAEL PARA ROCONIS (AMBR)	The name of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 9709 SANCTUAL! SQUARE DR UNIT 207 Col 210 3283 ORCAN CO FL ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company counts serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) LUIS Rafael Parra Troconis 9709 SANCTUARI SQUARE DR. Unit 207 ORIANO FL. 32832 ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) LUIS RAFAEL PARA TROCONIS	Burquer Food LLC
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limital Liability Company comes serve as its own Registered Agent. You must designate an individual or another business entry with an active Florida registration.) AUIS Rafael Parra Troconis 9709 SancTuari Square Dr. Unit 207 Orlando Fl. 32832 ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) LUIS RAFAEL PARIA TROCONIS	ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
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9709 SANCTUARI SQUARE DR. Unit 207 ORIANDO, FL. 32832 ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) LUIS RAFAEL PARIA TROCOMIS	Company common serve as its own Registered Agent. You must design as in the Limited Liability
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) LUIS RAFAEL PARIA TROCOGIS	Luis Rafael Parra Troconis
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) LUIS RAFAEL PARIA TROCORIS	9709 SANCTUARI SQUARE DR. Unit 207
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) LUIS RAFAEL PARIA TROCOMIS	ORIANDO, FL. 32832
(The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
(LUIS KAFAEL TARRA PROCONIS

Required Signatures:

1.015 K	-1AROL	
Signature of a mem	ber or an authorized representative	of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

CUS RAFACE PAROS TROCOMIS

Typed or printed name of signee

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)

Effective Date: