

# L2200033845

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**FLORIDA LIMITED LIABILITY CO.  
CRASQUI MIAMI, LLC**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

Crasqui Miami, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**9001 Sw 49<sup>th</sup> St  
Cooper City, FL 33328**Mailing Address:**9001 SW 49<sup>th</sup> St  
Cooper City, FL 33328**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:

Name

Arnold Morales Fernandez

Florida Street address (P.O. Box **NOT** acceptable)9001 SW 49<sup>th</sup> Street

Cooper City FL 33328

City State Zip

*Having been named as registered agent and to accept service of process for the above state d 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 provide for in chapter 605, F.S.*

X

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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Arnold Morales Fernandez  
9001 SW 49<sup>th</sup> St  
Cooper City, FL 33328

AMBR

Antonio Rodriguez Zorrilla  
9001 SW 49<sup>th</sup> St  
Cooper City, FL 33328

AMBR

Anthony Rodriguez Rangel  
9001 SW 49<sup>th</sup> St  
Cooper City, FL 33328

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

X 

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.