

**L22000169529**  
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.**

((H22000146597 3)))



H220001465973ABC3

**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 : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : I20060000145  
Phone : (305)769-4936  
Fax Number : (305)769-1844

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
POLYMITA LATIN FOOD RESTAURANT, LLC.**

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

2023 APR 22 PM 1:51  
ALLA MOSE, FL

FILED

RECEIVED

2022 APR 22 PM 1:50

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

AS

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**POLYMITA LATIN FOOD RESTAURANT, LLC.**

**ARTICLE II- Address:**

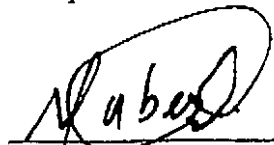
The mailing address and street address of the principal office of the Limited Liability Company is: **5202 NW 187<sup>TH</sup> ST MIAMI GARDENS FL 33055**

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**HUBER CASTILLO SANCHEZ  
5202 NW 187<sup>TH</sup> ST  
MIAMI GARDENS FL 33055**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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

FILED  
2023 APR 22 PM 1:51  
ALACHUA COUNTY, FL

FILED

**ARTICLE IV:**

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

**Title:**

**Name and Address:**

**AMBR**

**HUBER CASTILLO SANCHEZ**

**5202 NW 187<sup>TH</sup> ST**

**MIAMI GARDENS, FL 33055**

**AMBR**

**LUIS E. REYES PENA**

**9379 NW 114 LN**

**HIALEAH GARDENS, FL 33018**



-----  
Signature of member 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.)

**HUBER CASTILLO SANCHEZ**

-----  
Typed or printed name of signee.

STATE  
HALLAMSBEE, FL

2023 APR 22 PM 1:51

FILED