

L22 000 220986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2022 MAY 20 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 MAY 20 PM 4:07

OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

(OFFICE USE ONLY)

Please use funds from this account: 120210000160 AMOUNT: 125.00

Authorization Signature : James Guller

**THE GARDEN CAFE & BISTRO LLC**

**Business Name**

**Document Number, (if known):**

☐ Walk in

☐ Will wait

☐ Certified Copy of the Articles

☐ Certificate of Status

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ INC

☐ OTHER - Corp

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Conversion

☐ Merger

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL ()

**COUNTRY**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing

☐ Partnership

☐ Reinstatement

☐ CORRECTION for a Foreign LLC

☐ Domestication of a Foreign Corp.

☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** The Garden Cafe & Bistro LLC  
\_\_\_\_\_  
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:

Homero Mendez

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

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

1500 NE MIAMI PL APT 3414

\_\_\_\_\_  
Address

MIAMI FL 33132

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

jeevancommerce@gmail.com

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

For further information concerning this matter, please call:

Homero Mendez                      786                      731-9946  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Garden Cafe & Bistro LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

1500 NE Miami PL Apt 3414

Miami FL 33132

Mailing Address:

1500 NE Miami PL Apt 3414

Miami FL 33132

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:

Homero Mendez

Name

1500 NE Miami PL Apt 3414

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

Miami

FL

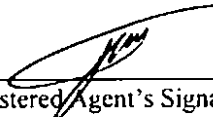
33132

City

State

Zip

*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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Homero Mendez  
1500 NE Miami PL Apt 3414  
Miami FL 33132

MGR

Oriana Alvarez  
1500 NE Miami PL Apt 3414  
Miami FL 33132

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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**2022 MAY 20 AM 8:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

Homero Mendez

\_\_\_\_\_  
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)