

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

L220000230226

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((H22000186529 3)))



H220001865293ABC2

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To:

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

From:

Account Name : GREEN BOX TAX SERVICES INC
Account Number : I20190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

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

Email Address: Admin@alesiano-tax.com

**FLORIDA LIMITED LIABILITY CO.
El CUBANASO LLC**

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

RECEIVED

2022 MAY 26 PM 1:02

CORPORATIONS
COMMERCIAL
SERVICES

2022 MAY 26 PM 1:40

FILED

H220001865293

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

El Cubanazo 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:739 Washington Ave Unit 901045 Homestead, FL 33090739 Washington Ave Unit 901045 Homestead, FL 33090

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:

Green Box Tax Services Inc

Name

15715 S Dixie Hwy Ste 211Florida street address (P.O. Box NOT acceptable)MiamiFL33157

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)

H220001865293

2022 MAY 26 PM 1:40

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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

Lehner Lorenzo Perez Delgado

17671 E Temple Dr

Aurora CO 80015

MGR

Kristen Michelle Truffio

17671 E Temple Dr

Aurora CO 80015

(Use attachment if necessary)

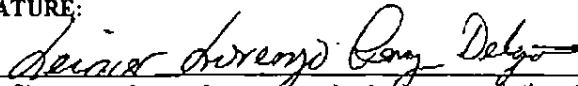
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

The purpose of El Cubanaso LLC is to provide catering services within the state while adhering to state and local guidelines.

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.

Lehner Lorenzo

Typed or printed name of signer

2022 MAY 26 PM 1:40

11:30

May. 26. 2022 12:21PM

No. 0257 P. 4
P. 1

* * * Communication Result Report (May. 26. 2022 12:15PM) * * *

1)

Date/Time: May. 26. 2022 12:14PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
0256 Memory TX	sunbiz	P. 3	OK	

Note: MGR name was misspelled on initial fax
The correct name (MGR) is
Leinier Lorenzo Perez Delgado

Reason for error

- E. 1) Hang up or line fail
- E. 2) Busy
- E. 3) No answer
- E. 4) No facsimile connection
- E. 5) Exceeded max. E-mail size
- E. 6) Destination does not support IP-Fax

05/26/22 12:03 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)637-6348

From:

Account Name : 00224 BOK TAX SERVICES INC
Account Number : 72010000133
Phone : (305)528-1117
Fax Number : (706)241-4792

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

Email Address: Admin@delgado-tax.com

FLORIDA LIMITED LIABILITY CO.
EI CUBANASO LLC

Certificate of Status	0
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Estimated Charge	\$135.00

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11:40

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

~~Leinier Lorenzo~~
~~17671 E Temple Dr~~
~~Aurora CO 80015~~

Kristen Michelle Trufflo
 17671 E Temple Dr
 Aurora CO 80015

MGR

(Use attachment if necessary)

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.)

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REQUIRED SIGNATURE:

Leinier Lorenzo Perez Delgado

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.
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Leinier Lorenzo

Typed or printed name of signer

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 1-6-20