Division of Corporations Florida Desartment of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Email A	ddress:			
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FLORIDA LIMITED LIABILITY CO. AVOCADOS FOOD 04 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AVOCADOS FOOD 04 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:		
9273 SW 41 ST			
STE: 305	SAME		
MIRAMAR, FL 33025			

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:

DOWNTOWN ACC	COUNTING MIAM	<u> </u>
	Name	
255 EAST FLAGLE	ER ST # 101	
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
MIAMI	FI.	33131
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 um fumiliar 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)

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Munorized Meniber "MGR" = Manager	
v	
AMBR	CARLOS JUAN CHAIBUB BOGGIO 9273 SW 41 ST STE: 305
	MIRAMAR, FL 33025
	THE DATES OF STORY
AMBR	ALVARO ROMEL MONTENEGRO
AMDR	9273 SW 41 ST STE: 305
	MIRAMAR.FL 33025
AMBR	MANUEL FELIPE ROMERO CLAVIJO
	9273 SW 41 ST STE: 305
	MIRAMAR, FL 33025
AMBR	GERMAN MAURICIO ARIAS RAMOS
	9273 SW 41 ST STE: 305
	MIRAMAR. FL 33025
(Use attachment if necessary)	
	e of filing: (OPTIONAL)
•	secific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department	of State 8 records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	Ma ad
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	ember or an authorized representative of a member.
This document is execu	ated in accordance with section 505.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State
	te felony as provided for in \$,817,155, F.S.
	, ,

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

MANUEL FELIPE ROMERO CLAVIJO

\$ 5.00 Certificate of Status (Optional)

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CORETARY OF STATE
TANASSEE FLORIDA