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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** PERUVIAN CATERING 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:

MONICA GERMAN, EA  
Name of Person  
MG OFFICE SYSTEMS INC  
Firm/Company  
8637 ESCONDIDO WAY EAST  
Address  
BOCA RATON, FL 33433  
City/State and Zip Code  
mgtaxsol@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA GERMAN      954      554-7424  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy (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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERUVIAN CATERING 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:

3674 NW 98TH TER  
CORAL SPRINGS, FL 33065

Mailing Address:

3674 NW 98TH TER  
CORAL SPRINGS, FL 33065

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:

MG OFFICE SYSTEMS INC

Name

8637 ESCONDIDO WAY EAST

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

BOCA RATON

FL

33433

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.*

*Harvie Guy*

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:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR \_\_\_\_\_

ANDERSON AGUIRRE HENAO  
1225 RIVERSIDE DR. APT. 302  
CORAL SPRINGS, FL 33071

MGR \_\_\_\_\_

DIEGO DELGADO POLO  
421 NW 88TH AVE. APT. 107  
CORAL SPRINGS, FL 33065

MGR \_\_\_\_\_

DENIS ENRIQUE BALMACEIDA SILVA  
3607 CORAL SPRINGS DR.  
CORAL SPRINGS, FL 33065

MGR \_\_\_\_\_

PEDRO GONZALO ASPUPINA BALMACEIDA  
3854 LYONS ROAD APT. 201  
COCONUT CREEK, FL 33073

(Use attachment if necessary) → see continuation

**ARTICLE V:** Effective date, if other than the date of filing: N/A. (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.

NONE

**REQUIRED SIGNATURE:**

*Monica Herman*

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.

Monica Herman (M6 Office Systems Inc.)

Typed or printed name of signer

(Registered Agent)

**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)

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TALLAHASSEE, FLORIDA

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..... CONTINUATION

MGR  
ANA ISABEL SERRANO BRAVO  
4946 NW 95 AVE  
SUNRISE, FL 33351

MGR  
CRISTIAN OSWALDO BARBOSA JIMENEZ  
5813 NW 20<sup>TH</sup> CT  
POMPANO BEACH, FL 33063

MGR  
ROCIO AZUCENA GALLEN O FLORES  
800 PARK VIEW DRIVE  
HALLANDALE BEACH, FL 33009

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