

L22000466916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

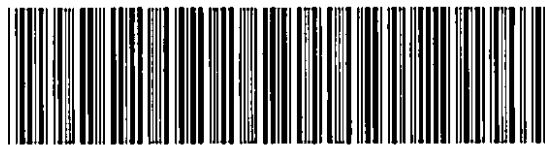
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
NOV - 7 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 NOV - 1 AM 10:07

2022 NOV - 1 PM 3:49

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$125.00

AUTHORIZATION SIGNATURE: _____

LA FERNETERIA FLORIDA LLC

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy of Organization (please stamp each page)

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___X___ Limited Liability

___ Domestication

___ Other

___ **CORP**

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ **Conversion**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL() _____

Country

___ Other

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Statement of Partnership

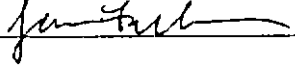
___ Reinstatement

___ Statement of Authority

EXAMINER'S INITIALS: _____

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☐ Walk in ☐ Pick up time ☐
☐ Mail out ☐ Will wait
☐ Photocopy

☐ **Certified Copy of Organization (please stamp each page)**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

☐ APOSTIL() ☐
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☐ Other

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REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Statement of Partnership
☐ Reinstatement
☐ Statement of Authority

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: LA FERNETERIA FLORIDA 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:

MARTIN E DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm/Company

848 BRICKELL AVE STE 1130

Address

MIAMI, FL, 33131

City/State and Zip Code

MDELLOCA@MDELLCONSULTING.COM

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

For further information concerning this matter, please call:

MARTIN E DELLOCA **305** **6073493**

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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LA FERNETERIA FLORIDA 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:

848 BRICKELL AVE

STE 1130

MIAMI, FL, 33131

Mailing Address:

848 BRICKELL AVE

STE 1130

MIAMI, FL, 33131

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:

BLUEMAX PARTNERS CORP

Name

848 BRICKELL AVE STE 1130

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

MIAMI

FLORIDA

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

mcDell Oca

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY
DIVISION OF STATE
JAN 11 2012
TALLAHASSEE, FLORIDA

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

Tomas Kim
848 BRICKELL AVE STE 1130
MIAMI, FL, 33131

FILED
DIVISION OF CORPORATE
AND BUSINESS SERVICES
JAN 20 2010
TALLAHASSEE, FLORIDA

(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.

REQUIRED SIGNATURE:

mE Delloca

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.

MARTIN E DELLOCA

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)