

L22000499644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

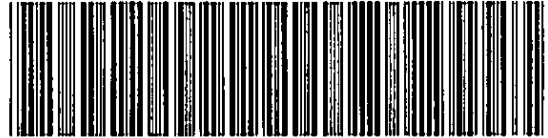
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Department of State
TALLAHASSEE, FL 32304

2022 NOV 15 PM 12:47

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Department of State
TALLAHASSEE, FL 32304

FILED

D. O'KEEFE

DEC - 1 2022

COVER LETTER

TO: New Filing Section
Division of Corporations

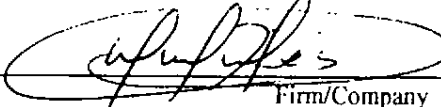
SUBJECT: Miguelada express, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL MORALES

Name of Person



Firm/Company

533 ANTIOCH AVE OCEAN TIDES APT 2

Address

FORT LAUDERDALE / FLORIDA / 33304

City/State and Zip Code

MIGUELADAEXPRESS@GMAIL.COM.

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

For further information concerning this matter, please call:

Miguel Morales at (863) 632 6242

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIQUELADA EXPRESS, 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:

533 ANTIOCH AVE
OCEAN TIDES APT 2
33304 FORT LAUDERDALE

Mailing Address:

533 ANTIOCH AVE
OCEAN TIDES APT 2
33304 FORT LAUDERDALE

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:

MIQUEL MOZALES

Name

533 ANTIOCH AVE OCEAN TIDES APT 2

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

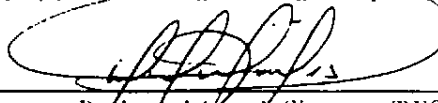
FORT LAUDERDALE FLORIDA 33304

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)

FILED

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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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

MIGUEL HORALES
533 ANTIOCH AVE OCEAN RIDES APT 02
FORT LAUDERDALE FLORIDA 33304

AMBR

EURIDICE LOPEZ
533 ANTIOCH AVE OCEAN RIDES APT 02
FORT LAUDERDALE FLORIDA 33304

(Use attachment if necessary)

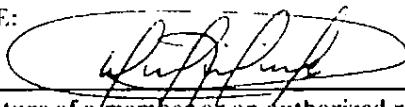
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(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:



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.

MIGUEL HORALES

Typed or printed name of signer

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)

2022 NOV 15 PM 12:41

STATE OF FLORIDA
DEPARTMENT OF STATE

FILED
NOV 15 2022
TALLAHASSEE, FLORIDA

FROM: Miguel Morales

533 ANTIOCH AVE

OCEAN TIDES APT 2

33304 FORT LAUDERDALE.

telephone NUMBER 863 632 6242.