123000059958

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



900400656009

(A) Arm

01/23/23--01034--009 **125.00

SECRETARY OF STATE

COVER LETTER

	ew Filing Sec ivision of Cor					
CHD IECT		l Gammi LLC				
SUBJECT	•	Na	me of Limi	ted Liabili	ty Company	
The enclos	ed Articles of	Organization and	l fee(s) arc	submitted	for filing.	
Please retu	ım all correspo	ondence concerni	ng this mat	ter to the f	ollowing:	
	Wendy Hern	andez Santiago				
			_	Name of	Person	
				Firm/Co	mpany	
	1108 Salem	Watch Pl			,	
				Addr	ess	
	Dover, FL 3	3527				
	wendyh901@	gmail.com	Cit	ty/State an	d Zip Code	
	<u> </u>		o be used f	or future a	nnual report notificat	ion)
For further i	nformation co	ncerning this ma	ner, please	call:		
	Wendy Hern	andez	910 at ()	990-9007	
	Nan	ne of Person		ea Code	Daytime Telephor	ne Number
Enclosed i	is a check for t	the following amo	ount:			
₩\$125.00	O Filing Fee	□\$130.00 Fil Certificate of		Certif	5.00 Filing Fee & led Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailie	na Addroes			Street Address	

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

The name of the Limited Liability Company is:		
Taqueria El Gammi LLC		
(Must contain the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the principal offic	ce of the Limited	Liability Company is:
Principal Office Address:		Mailing Address:
1108 Salem Watch Pl	1108	Salem Watch Pl
Dover FL 33527	Dove	er FL 33527
(The Limited Liability Company cannot serve as its own Re	egistered Agent. '	nt's Signature: You must designate an individual or
(The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)	egistered Agent. ')	nt's Signature: You must designate an individual or
(The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered again.	egistered Agent. ') gent are:	nt's Signature: You must designate an individual or
(The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered as Wendy Hernandez Sant	egistered Agent. ') gent are:	nt's Signature: You must designate an individual or
(The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered as Wendy Hernandez Sant	egistered Agent. ') gent are:	nt's Signature: You must designate an individual or
(The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered as Wendy Hernandez Sant	egistered Agent. ') gent are: liago Name	You must designate an individual or
1 108 Salem Watch Pl	egistered Agent. ') gent are: liago Name	You must designate an individual or
(The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.) The name and the Florida street address of the registered at Wendy Hernandez Sant 1108 Salem Watch Pl Florida street address (egistered Agent. gent are: hiago Name P.O. Box NOT a	You must designate an individual or

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..

(CONTINUED)

Weivly Hemindie Santiago
Registered Agent's Signature (REQUIRED)

2023 JAN 23 PH 6: 13

Title:	Name and Address:
"AMBR" = Authorized Men	nber T T A A C T A I I I
MGR" = Manager	Juan Carlos Esquivel
AMBR	1108 Salem Watch Pl Dover FL 33527
	DOVEL P.L. 33321
MGR	Whendy Hernadiez Santiago 1108 Salem Watch Pl Dover FL 33527
<u> </u>	
Use attachment if necessary	λ
Osc attachment it necessary	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
EV: Effective date, if other	than the date of filing: (OPTIONAL)
f filing.) the date inserted in this bloc ment's effective date on the	e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records.
f filing.) the date inserted in this bloc ment's effective date on the	ck does not meet the applicable statutory filing requirements, this date will not Department of State's records.
f filing.) the date inserted in this bloc ment's effective date on the E VI: Other provisions, if an	ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. y.
f filing.) the date inserted in this bloc ment's effective date on the E VI: Other provisions, if an	ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. y.
of filing.) the date inserted in this block ment's effective date on the E VI: Other provisions, if an REQUIRED SIGNATURE	ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. y. E: Wendy Hemandon Santase
filing.) the date inserted in this block ment's effective date on the E VI: Other provisions, if an REQUIRED SIGNATURE Signa This docum I am aware	ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. y.
filing.) the date inserted in this block ment's effective date on the E VI: Other provisions, if any REOUIRED SIGNATURI Signa This docum l am aware constitutes:	E: Location of State's records. We have a policiable statutory filing requirements, this date will not Department of State's records. E: Location of a member or an authorized representative of a member. Then is executed in accordance with section 605.0203 (1) (b), Florida Statutes. That any false information submitted in a document to the Department of State
filing.) the date inserted in this block ment's effective date on the E VI: Other provisions, if an REQUIRED SIGNATURE Signa This docum 1 am aware constitutes: Wen	E: Location of State's records. We have a state of a member or an authorized representative of a member. There is executed in accordance with section 605.0203 (1) (b), Florida Statutes. that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
filing.) the date inserted in this block ment's effective date on the E VI: Other provisions, if any REOUIRED SIGNATURI Signa This docum l am aware constitutes: Wen \$125.00 Filing Fee for Ar	E: Local Hemory of State's records. Live of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a member. Letter of a member or an authorized representative of a memb
filing.) the date inserted in this block the date inserted in this block the date on the E VI: Other provisions, if any E VI	E: Let
filing.) the date inserted in this block the date inserted in this block the date on the E VI: Other provisions, if any EEOUIRED SIGNATURI Signa This document am aware constitutes: Wen	E: Local Hemory of State's records. y. E: Local Hemory of a member or an authorized representative of a member. there is executed in accordance with section 605.0203 (1) (b), Florida Statutes. that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S. dv Hernandez, Santiago Typed or printed name of signee Filing Fees: rticles of Organization and Designation of Registered Agent (Optional)
filing.) the date inserted in this block the date inserted in this block the date on the E VI: Other provisions, if any E VI	E: LUCY Hemory State's records. y. E: Liture of a member or an authorized representative of a member. Inent is executed in accordance with section 605.0203 (1) (b), Florida Statutes. that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S. Idv Hernandez Santiago Typed or printed name of signee Filling Fees: rticles of Organization and Designation of Registered Agent (Optional) atus (Optional)
filing.) the date inserted in this block ment's effective date on the E VI: Other provisions, if any REOUIRED SIGNATURI Signa This docum I am aware constitutes: Wen \$125.00 Filing Fee for At \$ 30.00 Certified Copy (E: Liture of a member or an authorized representative of a member. The ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes. that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: rticles of Organization and Designation of Registered Agent (Optional) atus (Optional)
filing.) the date inserted in this block ment's effective date on the E VI: Other provisions, if any REOUIRED SIGNATURI Signa This docum I am aware constitutes: Wen \$125.00 Filing Fee for At \$ 30.00 Certified Copy (E: Let Accord to the applicable statutory filing requirements, this date will not Department of State's records. E: Let Accord to the Accordance of a member of a member. The provided in a document to the Department of State a third degree felony as provided for in s.817.155, F.S. Let Accordance of State of Organization and Designation of Registered Agent (Optional) Let Accord to the Accordance of State of Organization and Designation of Registered Agent (Optional) Let Accord to the Accordance of State of Organization and Designation of Registered Agent (Optional) Let Accord to the Accordance of State of Organization and Designation of Registered Agent (Optional)
filing.) the date inserted in this block ment's effective date on the E VI: Other provisions, if any REOUIRED SIGNATURI Signa This docum I am aware constitutes: Wen \$125.00 Filing Fee for At \$ 30.00 Certified Copy (E: Liture of a member or an authorized representative of a member. The ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes. that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: rticles of Organization and Designation of Registered Agent (Optional) atus (Optional)