

L23000246337

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000184435 3)))



H230001844353ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITAL PRO SERVICES, LLC
Account Number : I20220000008
Phone : (772)249-5273
Fax Number : (772)264-6100

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: grechisbcs@gmail.com

RECEIVED

2023 MAY 18 PM 4:05

DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA LIMITED LIABILITY CO.

Best Empanadas in Town, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2023 MAY 18 PM 2:19
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H23000184435 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BEST EMPENADAS IN TOWN, 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:

GRECH SOSA

Name of Person

BEST EMPANADAS IN TOWN

Firm/Company

5425 NW FOX SQUIRREL LN. APT 107

Address

PORT ST LUCIE, FL 34986

City/State and Zip Code

grechisbes@gmail.com

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

For further information concerning this matter, please call:

MADJOISE G. RAMIREZ

772

249 5273

at (

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

H23000184435 3

FILED

2023 MAY 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FL

H23000184435 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEST EMPANADAS IN TOWN, 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:5425 NW FOX SQUIRREL LN
APT 107
PORT ST LUCIE, FL 34986Mailing Address:5425 NW FOX SQUIRREL LN
APT 107
PORT ST LUCIE, FL 34986

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:

CAPITAL PRO SERVICES, LLC

Name

1972 SW CAMEO BLVDFlorida street address (P.O. Box NOT acceptable)PORT ST LUCIE FL 34953
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

2023 MAY 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FL

H23000184435 3

H23000184435 3

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

GRECH M. SOSA
 5425 NW FOX SQUIRREL LN. APT 107
 PORT ST LUCIE, FL 34986

(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:

Grech M. Sosa

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.

GRECH M. SOSA

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)

2023 MAY 18 PM 2:20
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

H23000184435 3