

To:

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2023-07-10 7:45:28 GMT

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From: Yanet Avil

7/10/23, 1:43 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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CORPORATIONS
COMMERCIAL
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FLORIDA LIMITED LIABILITY CO.
AA FOOD CONSULTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2023 JUL 10 PM 10:00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AA FOOD CONSULTING LLC

(Must end with 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:Mailing Address:

8500 WEST FLAGLER ST STE B208
MIAMI, FL 33144

8500 WEST FLAGLER ST STE B208
MIAMI, FL 33144

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:

BERNARDO C. TACORONTE, CPA

Name

8500 WEST FLAGLER ST STE B208

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

MIAMI

FL 33144

City

Zip

I have been named as registered agent and to accept service of process for the above stated limited liability company. I have been named as registered agent 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 663, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

Name and Address:

ANDREA GABRIELA ARJONA MUCHACHO
8500 WEST FLAGLER ST STE B208
MIAMI, FL 33144

MGR _____

JUAN CARLOS ARJONA CHUECOS
8500 WEST FLAGLER ST STE B208
MIAMI, FL 33144

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

* 

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ANDREA GABRIELA ARJONA MUCHACHO

Typed or printed name of signer