Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
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FLORIDA LIMITED LIABILITY CO. EXPENSIVE TASTE GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

EXPENSIVE TASTE GROUP, INC.

of Document # P 230000 328 76

WANTS TO OPEN AN "LLCY

WITH S'AME NAME

Thank you for your help in this matter.

Thanks,

LAZARO R CUADRA (PRESIDENT)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2023	SE
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ARTICLE I - Name:

The name of the Limited Liability Company is

	18
Expensive Taste GROUP LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab Company is:	
-17501 nw 29 Place Miarei Gardens, F	<u>7</u> 33050
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite: Liab. Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	ility
Lazaro Raul Cuadra	
17501 nu 29 Place Miari Garde	ins FL
	56
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
Lazaro Ravil Cuadra (AMBR	
-	

Required Signatures:

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.:).

Lazaro Raul Coada.

Typed or printed name of signee

SECRETARY OF STATE SECRETARY OF STATE FALLAHASSEE, FLORIDI

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)