

L23000510529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

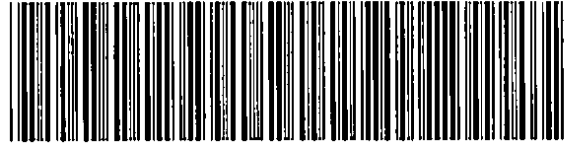
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900418604479

RECEIVED

2023 NOV 13 PM 3:29

Office of
TALLAHASSEE, FLORIDA

2023

2:13

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222


0 Restaurant Management LLC

Please Debit FCA000000003 For: 155

Thank you Seth Neeley



- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____



Signature

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

720 RESTAURANT MANAGEMENT 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>720 OCEAN DR</u>	<u>2121 PONCE DE LEON BLVD.</u>
<u>MIAMI BEACH, FL 33139</u>	<u>STE. 1050</u>
	<u>CORAL GABLES, FL 33134</u>

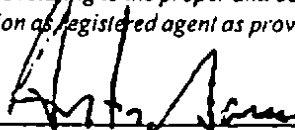
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

<u>Consulting Services of South Florida Inc.</u>		
Name		
<u>2121 Ponce de Leon Blvd., Ste. 1050</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>Coral Gables</u>	<u>FL</u>	<u>33134</u>
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)

2023 1 2:11

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGRM</u>	<u>Jose Jacobo</u> <u>2121 Ponce de Leon Blvd., Ste. 1050</u> <u>Coral Gables, FL 33134</u>
<u>MGRM</u>	<u>Jamil Dib</u> <u>2121 Ponce de Leon Blvd., Ste. 1050</u> <u>Coral Gables, FL 33134</u>
<u>MGRM</u>	<u>Eduardo Araoz</u> <u>2121 Ponce de Leon Blvd., Ste. 1050</u> <u>Coral Gables, FL 33134</u>
<u>MGR</u>	<u>Hector Hurtado</u> <u>2121 Ponce de Leon Blvd., Ste. 1050</u> <u>Coral Gables, FL 33134</u>

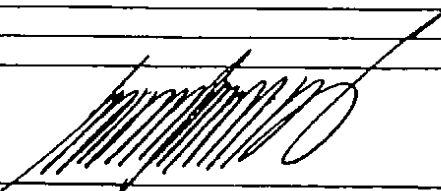
(Use attachment if necessary)

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.

HECTOR HURTADO

Typed or printed name of signee

2023

2:4