

L23000 545 897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

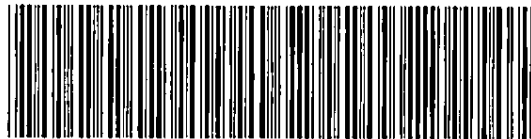
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SECRETARY OF STATE  
TALLAHASSEE, FL 32302

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 12/11

**CERTIFIED COPY**

**XX PHOTOCOPY**

**GS**

**XX FILING**

**LLC**

1. **ABARROTES ANTIGUA, LLC.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)P

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ABARROTES ANTIGUA, LLC.

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(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

ABARROTES ANTIGUA, LLC.

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN THE RETAIL INDUSTRY, AND ANY OTHER OF THE OTHER SIDE LINES THERE TO; AND ANY OTHER BUSINESS THAT THE BOARD MAY APPROVE FROM TIME TO TIME.

PREPARED BY: TURNER & MELENDEZ ACCOUNTANTS, INC.  
4020 S 57<sup>th</sup> AVENUE, STE 102  
LAKE WORTH, FL 33463  
(561)582-3046

2022

2:17

**ARTICLE III**

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS

**523 S E ST  
LAKE WORTH BEACH, FL 33460**

**PALM BEACH** COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPAL OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

**ARTICLE IV**

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.


IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. MARIO LOPEZ NUNEZ: 523 S E ST, LAKE WORTH BEACH, FL 33460.

**ACKNOWLEDGMENT**

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICES OF PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

BY:

  
MARIO LOPEZ NUNEZ

ARTICLE V

THE NAMES AND POST OFFICE ADDRESSES OF THE MANAGERS OF THE ORGANIZATION:

MARIO LOPEZ NUNEZ

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523 S E ST  
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LAKE WORTH BEACH, FL 33460  
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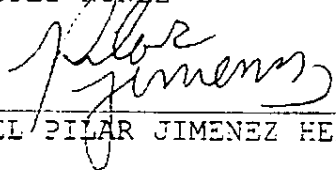
MARIA DEL PILAR JIMENEZ HERMOSILLO

-----  
619 EL PRADO  
-----

WEST PALM BEACH, FL 33405  
-----

MANAGER'S SIGNATURES

  
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MARIO LOPEZ NUNEZ

  
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MARIA DEL PILAR JIMENEZ HERMOSILLO