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.

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To:	Division of Corporations		表が
	Fax Number : (850)617-6381		
From:	Account Name : LAZARUS CORPORATE F	ILING SERVICE, INC.	PM 2: 53
	Account Number : I20000000019		္ဆ:
	Phone : (305)552-5973		11 03
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	enail Address: FLORIDA LIMITED EL TIO LA SAZON I	LIABILITY CO. MANABA, LLC	2024 APR 3 P
	enail Address: FI.ORIDA LIMITED EL TIO LA SAZON I Certificate of Status	LIABILITY CO. MANABA, LLC	2024 APR 3 PM

ARTICLES OF ORGANIZATION FOR FLORIDA LILMITED LIABILITY COMPANY

ARTICLE I - Name:

EL TIO LA SAZON MANABA, 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:

3800 GARFIELD ST -

3800 GARFIELD ST

HOLLYWOOD, FL. 33021

HOLLYWOOD, FL. 33021.

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:

GEOVANNY A LARA BARBERAN

Vame

3800 GARFIELD ST

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

HOLLYWOOD

FL

33021

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 provide for in chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

GEOVANNY A LARA BARBERAN

3800 GARFIELD ST

HOLLYWOOD, FL. 33021

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(Use attachment if necessary)

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.