L24000169295

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
ALARCON SIBLINGS INVESTMENTS, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ALARCON SIBLINGS INVESTMENTS, 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:

Principal Office Address:	Mailing Address:
4693 Lucerne Lakes Blvd E Apt 102	4693 Lucerne Lakes Blvd E Apt 102
Lake Worth, FL 33477	Lake Worth, FL 33477

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:

DOWNTOWN ACCOUNTING MIAMI
Name

255 E Flagler Street. Suite 101

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

Miami	FL	33131
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..

Cesar Vidal

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

AMBR

Name and Address:

Nelson Giovanni Alarcon Rodriguez
4693 Lucerne Lakes Blvd E Apt 102
Lake Worth, FL 33477

(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.
The purpose of the entity should be Restaurant and Food services.

REQUIRED SIGNATURE:

X _____
Articulos de...
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.

Nelson Giovanni Alarcon Rodriguez
Typed or printed name of signee