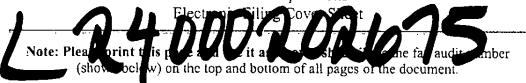
5/3/24, 11:05 AM

Division of Corporations

## Florida Department of State

Division of Corporations



(((H24000162120 3)))



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Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. MACA RESTAURANT GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

·To; \_ ,

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ATTACHTED GENERALT CONTENTAL
ARTICLE I - Name: The name of the Limited Liability Company is:	
MACA RESTAURANT GROUP LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10124 SW 139 PLACE	10124 SW 139 PLACE
MIAMI, FL 33186	MIAMI, Fl. 33188
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	red Agent. You must designate an individual or
The name and the Florida street address of the registered agent a	rc:
Marin Nur	602
Name	<del></del>

Name

10124 SW 139 PLACE

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

MIAMI FLORIDA 33186

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)

Page 1 of 2

DIVISION CARRY OF STATE

2024 MAY - 3 PM E. C.

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
***************************************	
AMBR	MARTIN NUNEZ
	MIAMI, FLORIDA 33186
(Use attachment if necessary)	
an effective date is listed, the date must be date of filing.)	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a tent of State's records.
FICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is ex I am aware that any :	n member or an authorized representative of a member. ccuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
constitutes a tima ac	Green services, and be a service servi
constitutes a time de	MARTIN NUNEZ

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)