

L240000256779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

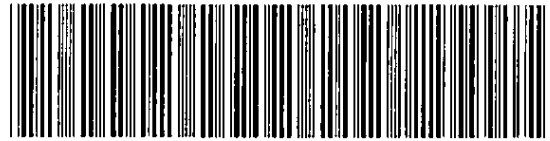
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300430723023

06/10/24--01008

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUN 10 AM 9:47

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUN 10 AM 10:42

RECEIVED

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 6/10

CERTIFIED COPY

XX PHOTOCOPY

GS

XX FILING

LLC

1. NATALIA'S CAFÉ LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

FILED
2024 JUN 10 AM 9:47
OFFICE OF STATE
TALLAHASSEE, FL

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATALIA'S CAFE, LLC

(Must contain the words "Limited Liability Company," "LLC," 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:

3498 POLYNESIAN ISLE BOULEVARD
KISSIMMEE, FL 34746

3498 POLYNESIAN ISLE BOULEVARD
KISSIMMEE, FL 34746

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:

KRYSTIE NADINE NOVA

Name

3498 POLYNESIAN ISLE BOULEVARD

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

KISSIMMEE

FL

34746

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

KRYSTIE NADINE NOVA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JUN 10 AM 9:47
CLERK OF STATE
TALLAHASSEE, FL

FILED

ARTICLE IV-

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 _____

KRYSTIE NADINE NOVA _____

3498 POLYNESIAN ISLE BOULEVARD _____

KISSIMMEE, FL 34746 _____

(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. 817.135, F.S.

KRYSTIE NADINE NOVA _____

Typed or printed name of signer

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)

FILED
JUN 10 AM 9:47
TALLAHASSEE, FL
DEPARTMENT OF STATE