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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PRIME CORPORATE FILING SERVICES LLC

Account Number : I20230000092 : (786)356-1156 Phone Fax Number : (305)564-6768

Enter the email address for this business entity to be used for the surface of annual report mailings. Enter only one email address please.

Email Address: INFO@PRIMEFILING.COM

FLORIDA LIMITED LIABILITY CO. RESTAURANTES BERRACO LLC

Certificate of Status	1	
Certified Copy	0	
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From Prime Corporate Filing 1.305.564.6768 Mon Jun 10 12:42:34 2024 MDT Page 2 of 3 ((H24000202758 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

RESTAURANTES BERRACO 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:

14 NE 1st Ave, suite 706 Miami, FL 33132

14 NE 1st Ave. suite 706 Miami, FL 33132

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

14 NE 1st Ave, suite 706

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

Miami

FL

33132

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)

DIVISIONE TARY OF STATE

24000202	758 3)))		
	TICLE IV-		
1 10	c name and address of each person a	uthorized to manage and control the Limited Liability Con	npany:
Tit	le: MBR" Authorized Member	Name and Address:	
	VIBK Authorized Member GR" = Manager		
	AMBR	MASSIEL LONDONO ACOSTA	85%
_		14 NE 1st Ave, suite 706	0376
		Miami, FL 33132	
۸	MBR		15%
	INDIC.	JORGE ORLANDO GUTIERREZ SERNA	
		14 NE 1ST Ave, suite 706 Miami, FL 33132	
		Will the state of	
(Us	e attachment if necessary)		
ADTICLEN	to Formali in disan 16 ashar ahan ahin disa	e of filing: (OPTIONA	• t x
		pecific and cannot be more than five business days prior	
the date of fi		peeme and cannot be more than five business days prior	10 01 20 00338
		meet the applicable statutory filing requirements, this date	e will not be list
the documen	it's effective date on the Departmen	t of State's records.	
ARTICLEV	1: Other provisions, if any.		
THE PURP	OSE OF THE ENTITY SHOULD	BE RESTAURANT	
			
		1 Ĉ	
DE	Allbereian ature.		
RE	OUIRED SIGNATURE:	MAL	

constitutes a third degree felony as provided for in s.817.155, F.S.

MASSIEL LONDONO ACOSTA Typed or printed name of signee