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8.21.24

Florida Department of State
Division of Corporations
Electronic Cover Sheet
L24000362790

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : 120060000145
Phone : (305)769-4936
Fax Number : (305)769-1844

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

Email Address: _____

2024 AUG 21 PM 4:00

RECEIVED

**FLORIDA LIMITED LIABILITY CO.
BOCA LOCA FOOD SERVICES, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

24 AUG 21 PM 4:05

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

BOCA LOCA FOOD SERVICES, LLC.

ARTICLE II- Address:

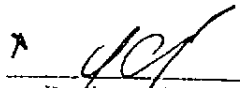
The mailing address and street address of the principal office of the Limited Liability Company: **18025 NW 84 AVE HIALEAH, FL 33015**

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**YAMIRKA CARRAZANA
18025 NW 84 AVE
HIALEAH, FL 33015**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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

24 AUG 21 AM 1:36

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ARTICLE IV: Purpose of Business:

The purpose of this LLC is for food services.

ARTICLE V:

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

Title:**Name and Address:****AMBR****YAMIRKA CARRAZANA
18025 NW 84 AVE
HIALEAH, FL 33015**



Signature of member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

YAMIRKA CARRAZANA

Typed or printed name of signer.

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DEPT. OF STATE
26 AUG 21 AM 1:05