

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : HISPANO TAX SERVICE  
Account Number : I20240000088  
Phone : (786)218-3881  
Fax Number : (305)200-3644

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

Email Address: Lennisme Hispano-Tax Service.com

**FLORIDA LIMITED LIABILITY CO.  
NOVU FUSION CUISINE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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TALLAHASSEE, FL

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DIVISION OF CORPORATIONS  
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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: NOVU FUSION CUISINE, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person  
HISPANO TAX SERVICE  
Firm/Company  
3508 NW 114th Ave unit 221  
Address  
Doral, FL 33178  
City/State and Zip Code  
LENNISM@HISPANO-TAXSERVICE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LENNIS M MALDONADO at ( 786 ) 218-3881  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

NOVU FUSION CUISINE, 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:

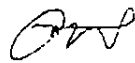
Principal Office Address:2475 NW 95th Ave. Unit 7DORAL, FL 33172Mailing Address:10620 NW 88th ST. BLD 2 APT 214Doral, FL 33178**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

CARLOS ALBERTO PINTO MARQUEZName10620 NW 88th ST. BLD 2 APT 214Florida street address (P.O. Box **NOT** acceptable)DORALFLORIDA33178CityStateZip

*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)

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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

**Name and Address:**

MGR

CARLOS ALBERTO PINTO MARQUEZ

10620 NW 88th ST. BLD 2 APT 214

DORAL, FL 33178

MGR

LAURA CRISTINA AGUERO DORANTE

10620 NW 88th ST. BLD 2 APT 214

DORAL, FL 33178

MGR

CRISTIAN JAVIER CHAVEZ TORRES

1108 SHARED PASSION ST

RUSKIN, FL 33570

MGR

LAISHA ORLIMAR HERRERA AGUERO

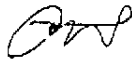
329 CAPE HARBOUR LOOP UNIT 106

BRADENTON, FL 34212

(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.817.155, F.S.

CARLOS ALBERTO PINTO MARQUEZ

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)