

Florida Department of State

Division of Corporations

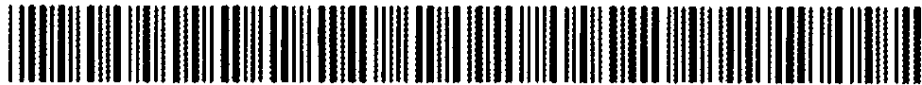
Electronic Filing Cover Sheet

**L240003932121**

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To:

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

From:

Account Name : PRIME CORPORATE FILING SERVICES LLC  
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Email Address: INFO@PRIMEFILING.COM

**FLORIDA LIMITED LIABILITY CO.  
MBM ORANGE PARK LLC**

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MBM ORANGE PARK 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:**

3666 SW 5TH TER.

MIAMI, FL 33135

**Mailing Address:**

3666 SW 5TH TER

MIAMI, FL 33135

**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)

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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:**

AMBR

EDWARD ALEJANDRO ZAMBRANO CUICAS 40%  
3666 SW 5TH TER.  
Miami, FL 33135

AMBR

CARLOS DANIEL HERNANDEZ CUICAS 40%  
3666 SW 5TH TER.  
Miami, FL 33135

AMBR

MANUEL FELIPE ROMERO 20%  
3666 SW 5TH TER.  
Miami, FL 33135

(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.

**THE PURPOSE OF THE ENTITY SHOULD BE FOOD AND DRINKS**

**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.

**MANUEL FELIPE ROMERO**

\_\_\_\_\_  
Typed or printed name of signee

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