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COVER LETTER

	of Corporations			
SUBJECT:	Lorena Tacos ar	ad Tamales, LLC,		
SUBJECT.	Nan	ne of Limited Liab	ility Company	
The enclosed Art	icles of Organization and	fee(s) are submitte	ed for filing.	
Please return all	correspondence concernin	g this matter to the	following:	
		William	S. Vasquez	
		Name o	of Person	
		A & A Busine	ess Services, Inc.	
		Firm/C	ompany	2024
		7751 Kingspo	nte Pkwy. Suite 125	7024 (77 2
		Ado	lress	.0
		Orlando, F	L. 32819	:
aabusi	nessfl@yahoo.com	City/State a	ınd Zip Code	1,7
		be used for future	annual report notificat	ion)
For further inform	ation concerning this matte	er, please call:		
Willi	im	407 at (383-7812	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is a che	eck for the following amou	int:		
■\$125.00 Filing	g Fee	tatus Certi	55.00 Filing Fee & fied Copy nal 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 D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE II - Address: The mailing address and stree	contain the words "Limite et address of the principa	ed Liability Company, "	L.L.C" or "LLC.")	
he mailing address and stree	et address of the principa			
n	er address of the principa	Loffice of the Limited I	liability Company is:	
<u>Frin</u>	Principal Office Address:		Mailing Address:	
961 E. Jefferson S	961 E. Jefferson Street, Quincy FL.32351		. Bellamy Dr. Quincy FL. 32351-13	
	Name			
	422 S. Bellamy Dr	Name	ceptable)	
	422 S. Bellamy Dr	Name	22351	

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Ai	nthorized Member	Name and Address:
"MGR" = Mar		
AMBR		Lorena Avala Uriostegui
		422 s. Bellamy Dr. Ouiney FL. 32351-1328
		- 22
		220 3
/II I	. 70	:
(Use attachmer	nt if necessary)	· · y
		f filing: (OPTIONAL)
he date of filing.) <u>Note:</u> If the date inserte	·	ific and cannot be more than five business days prior to or 90°days af set the applicable statutory filing requirements, this date will not be liste "State's records.
RTICLE VI: Other pro	ovisions, it any.	
REQUIRED	SIGNATURE:	
	Lore	na Avala
	This document is executed I am aware that any false in	ther or an authorized representative of a member. d in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State relony as provided for in s.817.155, F.S.
		Lorena Avala Uriostegui
		Typed or printed name of signee

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)