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(Re	equestor's Name)	·
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COVER LETTER

то:		Filing Section of Co	ction rporations					
SUBJI	FCT)	Salsa N	Juerte, LLC					
SOM			Nar	ne of Lin	nited Liabili	ty Company		
The en	closed A	Articles of	Organization and	fee(s) are	e submitted	for filing.		
Please	return al	II correspo	ondence concernir	ig this ma	uter to the f	ollowing:		
					Tremain	Davis		
					Name of	Person		
				Delgado	Entertainn	nent Law, PLLC		
					Firm/Co	mpany		
				3295 N.	Drinkwater	Blvd., Suite 9		
					Addre	ess		
					Scottsdale,	AZ 85251		
				C	ity/State and	d Zip Code		
						s@gmail.com		
		I	E-mail address: (to	be used	for future a	nnual report notificat	ion)	
For furth	ner infor	mation co	ncerning this matt	er, please	e call:			
		Tren	nain Davis	at (480)248-0657		
		Nam	e of Person	Ai	rea Code	Daytime Telephor	ne Number	
Enclos	ed is a c	heck for t	he following amou	int:				
∑ S12:	5.00 Fili	ing Fee	□\$130.00 Filir Certificate of S	ig Fee & tatus	Certific	i.00 Filing Fee & ed Copy Il copy is enclosed)	☐\$160.00 Filing Certificate of Stat Certified Copy (additional copy is e	us &
			ig Address			Street Address		; ; ;
			iling Section			New Filing Section D		:,
			on of Corporations fox 6327	ì		The Centre of Tallah 2415 N. Monroe Stre		"

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	CI	Æ	Ī -	N	am	e:

The name of the Limited Liability Company is:

Salsa	Muerte,	LL	C
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(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:		
7901 4th Street N.		7901 4th Street N.		
Suite 300		Suite 300		
St. Petersburg	FL 33702	St. Petersburg	FL 33702	

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:

Northwest Registered Agent LLC			
	Name		
7901 4th Street N.		Suite 300	
Florida street address	(P.O. Box N C	OT acceptable)	
St. Petersburg	FL	33702	
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Javier Linares
<u> </u>	7901 4th Street N, Suite 300
	St_Petersburg, FL 33702
	
the date of filing.)	ate of filing: January 1, 2025 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	Some Linares
This document is exc I am aware that any fi	number or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Javier Linares	
- Control Elliales	
	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)