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To:

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

From:

Account Name : POMARES ACCOUNTING SOLUTIONS
Account Number : 120190000043
Phone : (786)314-1371
Fax Number : (786)228-0049

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

Email Address: pomaresolutions@gmail.com

FLORIDA LIMITED LIABILITY CO.**PALENQUE RESTAURANT #8, LLC**

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STATE
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATIONS
OF
PALENQUE RESTAURANT # 8, LLC**

- 1- **Name:** The name of the Limited Liability Company is PALENQUE RESTAURANT # 8, LLC
- 2- **Principal Office and Mailing Address:** The street and mailing address of the company's principal office is 2200 PALM AVE, HIALEAH, FL 33010
- 3- **Registered Agent:** The name and the Florida street address of the registered agent are POMARES ACCOUNTING SOLUTIONS, LLC.; 3425 NW 14TH ST MIAMI, FL 33125

Having been named as registered agent and to accept services 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 Charter 605. F.S.

- 4- **Manager-managed:** This company shall be manager-managed.
- 5- **Manager:** The Manager is PALENQUE MANAGEMENT, LLC a Florida Limited Liability Company, whose principal address is 2200 PALM AVE, HIALEAH, FL 33010.


By: Pomares Accounting Solutions,
Ivon Pomares
As Registered Agent and
Authorized Representative

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.

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