

Florida Department of State

Division of Corporations

L24000252313

Note: Please print this page and use it as a cover sheet. Type the tax jurisdiction (shown below) in the top and bottom of all pages of the document.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Q EMPANADAS GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
2024 JUL 25 PM 4:00
CORPORATIONS
COMMERCIAL
SERVICES

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2024 JUL 25 PM 12:27
STATE OF FLORIDA
TALLAHASSEE, FL

MS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Q EMPANADAS GROUP, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

12273 69th Street N
West Palm Beach, FL 33412

Mailing Address:

12273 69th Street N
West Palm Beach, Fl. 33412

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:

Teresa Ceballos

Name

12105 NW 9th Place

Florida street address (P.O. Box NOT acceptable)

Coral Springs FL 33071

Miami State Zip

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STATE OF FLORIDA
TALLAHASSEE, FL

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 provide for in chapter 605, F.S.

X Teresa Ceballos

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV -

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

<u>Title:</u>	<u>Name and Address:</u>
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"AMBR" = Authorized Member

"MGR" = Manager

<u>AMBR</u>	Teresa Ceballos 12105 NW 9th Place Coral Springs, Fl. 33412
<u>AMBR</u>	Maura Johana Mariscal 10801 Corsican St Orlando, Fl. 32824

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

X Teresa Ceballos

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.

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL
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