2/4/25, 3:35 PM

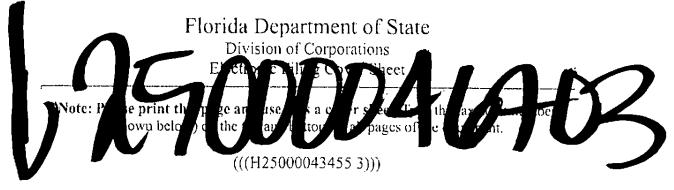
Page: 2 of 4

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From, Yanet Avila

Division of Corporations





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# FLORIDA LIMITED LIABILITY CO. LA LECHONERA CUBA LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### LA LECHONERA CUBA 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:	Mailing Address:	
2928 NW 17TH AVE	3500 N PARK RD	
MIAMI, FL 33142	HOLLYWOOD, FL 33021	

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Principal Office Address:

(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:

BELLANDE FENELON			
	Name		
2928 NW 17TH AV	Е		
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)	
МІАМІ	FL	33142	
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 pravided for in Chapter 695, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR/MGR	BELLANDE FENELON 3500 N PARK RD HOLLYWOOD, FL 33021		
·			
(Use attachment if necessary)			
(If an effective date is listed, the date must be spe the date of filing.)	of filing: (OPTIONAL) retific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE: <u>Bellande fenelon</u> Sestande stanton (* 16/1 2013 15/20 ES.**			
This document is execut I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.		
BELLANDE FEN	SELON Typed or printed name of signee		