

**L21000086160**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
PERUVIAN CEVICIES RESTAURANT, LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FL  
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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

PERUVIAN CEVICHES RESTAURANT, LLC

ARTICLE II - Address:

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

Principal Office Address:

1570 W. 43<sup>RD</sup> PL SUITE 20

HIALEAH, FL. 33012

Mailing Address:

1570 W 43<sup>RD</sup> PL SUITE 20

HIALEAH, FL. 33012

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:

OLGA ARINEZ ROJAS

Name

13621 SW 103<sup>RD</sup> AVE

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

MIAMI

FL

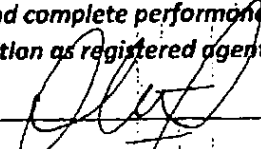
33176

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 provide for in chapter 505, F.S.*

X   
\_\_\_\_\_  
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

AMBR

OLGA ARINEZ ROJAS  
13621 SW 103<sup>RD</sup> AVE  
MIAMI, FL. 33176

AMBR

RODRIGO MIRANDA  
13621 SW 103<sup>RD</sup> AVE  
MIAMI, FL. 33176

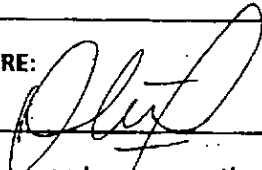
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(Use attachment if necessary)

**ARTICLE VI:** Other provisions, if any

**REQUIRED SIGNATURE:**

x 

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.