

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Chity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	•
PLEASE USE FUNDS FROM THIS ACCOUNT: AUTHORIZATION SIGNATURE: Carla Meat Market LLC BUSINESS (Name)	. 1/
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp each page)	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication Other CORP	AmendmentResignation of R.A., Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTIL () Country	Domestication of Foreign Corp.

EXAMINER'S INITIALS:_____

COVER LETTER

то:	New Filing Section Division of Corpora	tions			
SUBJEC	CARLA MEAT	MARKET LLC			
21777772		Name of Lim	ited Liabilit	y Company	
The encl	osed Anicles of Organ	nization and fee(s) are	submitted (or filing.	
Please re	eturn all corresponden	ce concerning this ma	tter to the fo	llowing:	
	JUAN TANGUI				
	·		Name of I	erson	
			Firm/Con	npany	
	10910 N 30TH ST	SUITE 109			
	<u></u>		Addre	SS	
	TAMPA FLORID	A 33612			
	pedrotangui@hotm		ty/State and	Zip Code	
		address: (to be used	for future an	nual report notificati	on)
For furthe	r information concerni	ng this matter, please	call;		
	JUAN TANGUI	81.		598-5243	
	Name of P		ea Code	Daytime Telephone	e Number
Enclosed	l is a check for the foll	ovina omount			
	00 Filing Fee 🗀 S	130.00 Filing Fee & tificate of Status	Certifie	00 Filing Fee & d Copy copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Add		_	treet Address	ut di
	New Filing S Division of C			lew Filing Section Di he Centre of Tallaha	
	P.O. Box 631	27		415 N. Monroe Stree	
	Tallahassee.	FL 32314	ī	allahassee, FL 32303	3

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 MAY 26 PM 3: 44

SECRETARY OF STATE TALLAHASSEE, FL

CARLA MEAT MARKET 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:		
10910 N 30TH S	10910 N 30TH ST SUITE 109		N 30TH ST SUITE 109		
TAMPA FLORII	TAMPA FLORIDA 33612		A FLORIDA 33612		
ARTICLE III - Registered (The Limited Liability Companother business entity with: The name and the Florida stre	any cannot serve as its own an active Florida registration eet address of the registered	Registered Agent, You on.)	u must designate an individual or		
	JUAN TANGUI	Name			
	10910 N 30TH ST S	UITE 109			
	Florida street addres	ptable)			
	TAMPA	FLORIDA	33612		
	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: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager JUAN TANGUI, AMBR	10910 N 30TH ST SUITE 109 TAMPA FLORIDA 33612			
			<u> </u>	
		SECILE DI TALLA	2022 HAY	77
(Use attachment if necessary)		RY OF HASSE	26 PM	m
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp the date of filing.) <u>Note:</u> If the date inserted in this block does not r	ecific and cannot be more than five bus neet the applicable statutory filing requir	iness days prigrato	0 <u>F</u> 30.0	
the document's effective date on the Department ARTICLE VI: Other provisions, if any.	of State's records.			
REQUIRED SIGNATURE:				_ _
This document is execu I am aware that any falso	ember or an authorized representative ted in accordance with section 605.0203 is information submitted in a document to be felony as provided for in s.817.155, F.S.	(1) (b), Florida Stat the Department of S		

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)