Buyers Agent Interpretation Requester's Name 153 Aventa Mess Address Savasta Fl 342 City/State/Zip Phone	131	20003225792-3 -04/27/0001007006 ****125.00 ****125.00
CORPORATION NAME(S) & DOC	UMENT NUMBER(S	Office Use Only
1. (Corporation Name) 2. (Corporation Name)	(Document #	()
(Corporation Name) 4(Corporation Name)	(Document #	
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	Certified CopyCertificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	☐ Change of Re☐ Dissolution/W☐ Merger	of R.A., Officer/Director 28 Engistered Agent Withdrawal Engistered Science Sc
CW3E021/2/07)		Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Mama's
· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
779x Holiday DRIVE
SARASSTA, FL., 34231-5314
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
hois M. Hekker
TYAH Holiday DRIVE
Florida street address (P.O. Box NOT acceptable)
City, State, and 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 608, F.S
Registered Agent's Signature
/
Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is,
uncrerore, a manager - managen company.
Article V: Effective DAte & MAY 01, 2000 0 =
(An additional article must be added if an affactive date is requested)
— Dow words how
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)
- Lois M. Hekker
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)