

LO2 000013332

Delicious Catering, LLC  
Requester's Name

Address

City/State/Zip

Phone #

400005621804--9  
-05/28/02--01074--011  
\*\*\*\*125.00 \*\*\*\*125.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
02 MAY 28 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**THE NAME OF THE LIMITED LIABILITY COMPANY IS:**

**DELICIOUS CATERING, LLC.**

**ARTICLE II**

**THE STREET ADDRESS OF THE LIMITED LIABILITY COMPANY IS:**

**5975 NW 97 DRIVE PARKLAND FL 33076**

**THE MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:**

**5975 NW 97 DRIVE PARKLAND FL 33076**

**ARTICLE III**

**THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:**

**SOSHANA RIZER**

**5975 NW 97 DRIVE PARKLAND FL 33076**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES 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 THIS PROVISIONS OF ALL STATUES 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.

**REGISTERED AGENT SIGNATURE: SOSHANA RIZER**



**SIGNATURE OF MEMBER OR AN AUTORIZED REPRESENTATIVE OF MEMBER SIGNATURE: SOSHANA RIZER**



**FILED**  
**02 MAY 28 AM 11:14**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**