10400000 8197

	(Requestor's Name)	
	(Address)	<u></u>
	(
	(Address)	
	(City/State/Zip/Phone #)	
	(,	
☐ PICK-II	P WAIT	MAIL
	(Business Entity Name)	
	(December 1)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	
1		Ĭ
	•	
		1.01
		_ \\%\L
L		112/1
	Office Use Only	11150
	Office one offing	C NN NOV



800027400358

01/23/04--01063--006 **125.00

O4 JAN 23 AM 10: 31
SECHLIANY OF THE PROPERTY OF THE PROPERTY

Mighty Bite LLC 1831 Deanna Drive Apopka, Florida 32703 (407) 443-1039

January 15, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Gentlemen:

23 AH 10:31
SSEE, FLORIDATION for

Enclosed please find executed Articles of Organization for Florida Limited Liability Company for Mighty Bite LLC, together with a check in the amount of \$125.00 covering fees related to filing, designation of registered agent, and certified copy.

In the event that the corporate name is not available, please advise the undersigned at telephone (407) 443-1039.

Thank you for your prompt attention to this matter.

Very truly yours,

David M. Simms

Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mighty Bite LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 1831 Deanna Drive Apopka, FL 32703
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
David M. Simms
Name
183 Deanna Drive
Florida street address (P.O. Box NOT acceptable)
Apopka, FL 32703
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 at 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 tocept the obligations of my position as registered agent as provided for in Chapter 608, F.S
ARTICLE IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Ignature of a member or all 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.)
David M. Simms

Typed or printed name of signee