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2004 APR -2 P 3:22

SECRETARY OF STATE



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: GOURMET KITCHENS L.L.C., 2004 APR -2 P 3: 22
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL J. GREMILLION
(Name of Person)

GOURMET KITCHENS L.L.C.
(Firm/Company)

10100 W. PALM ROAD
(Address)

BAY ST, LOUIS MS 39520
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J. GREMILLION at (228) 596-1140
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED

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ARTICLE I - Name:

The name of the Limited Liability Company is:

Gourmet Kitchens L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

174 WATER COLOR WAY

UNIT A102

SEAGROVE BEACH, FL 32459

Mailing Address:

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

MARK DRUMMOND

Name

7 LAGUNA ST. / #306

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

FORT WALTON BEACH FLORIDA 32548

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, Florida Statutes..

Mark D. Drummond

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Michael Gremillion
10100 W. PARK RD
Bay St Louis, MS 39520

MGRM

MARK Drummond
7 LAGUNA St #306
FORT WORTH, FL 32548

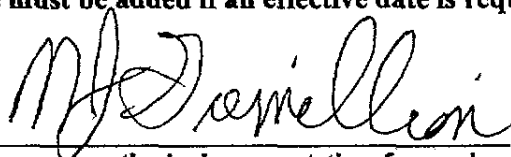
MGRM

Glenda Wilson
23405 INDIAN RIDGE Rd.
Pine Bluff, MS 39466

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Michael J. Gremillion

Typed or printed name of signer

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)