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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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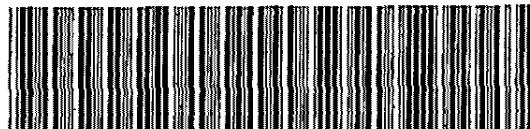
(Business Entity Name)

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2004 MAY 25 AM 8:39
TALLAHASSEE, FLORIDA

J. BRYAN JUN - 2 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carpe' Cuisine, LLC
(Name of Limited Liability Company)

FILED
2004 MAY 25 AM 8:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Mary Thweatt
(Name of Person)

Carpe' Cuisine, LLC
(Firm/Company)

1812 Bowman Lane
(Address)

Lynn Haven, Florida 32444
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Thweatt at 850, 271-9110
(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**

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2004 MAY 25 AM 8:39
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carpé Cuisine, LLC

ARTICLE II - Address:

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

Principal Office Address:

1812 Bowman Lane
Lynn Haven, FL 32444

Mailing Address:

1812 Bowman Lane
Lynn Haven, FL
32444

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

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

Mary Thweatt
Name
1812 Bowman Lane
Florida street address (P.O. Box **NOT** acceptable)
Lynn Haven, FLORIDA 32444
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..

Mary Thweatt
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Mary Thweatt
1812 Bowman Lane
Lynn Haven, FL 32444

MGR

Melody Little
2202 Sutherland Rd.
Lynn Haven, FL 32444

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Melody Little
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.)

Melody Little
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)

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TALLAHASSEE, FLORIDA