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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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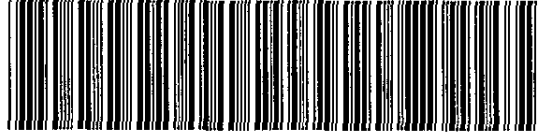
(Business Entity Name)

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04 AUG 18 PM 5:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

04 AUG 18 PM 2:35
DIVISION OF CORPORATION



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 853036 4803492

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

FILED
04 AUG 18 PM 5:15
TALLAHASSEE, FLORIDA

ORDER DATE : August 18, 2004

ORDER TIME : 1:11 PM

ORDER NO. : 853036-005

CUSTOMER NO: 4803492

CUSTOMER: Ms. Christine L. Guzior
Mandel, Lipton & Stevenson,
Ltd.
Suite 2210
203 N. Lasalle Street
Chicago, IL 60601

DOMESTIC FILING

NAME: CENTRAL FLORIDA
FOODSERVICE, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CENTRAL FLORIDA FOODSERVICE, LLC**ARTICLE II - Address:**

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

Principal Office Address:2540 Shader RoadOrlando, Florida 32804**Mailing Address:**2540 Shader RoadOrlando, Florida 32804**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corporation Service Company

Name

1201 Hays StreetFlorida street address (P.O. Box NOT acceptable)TallahasseeFLORIDA 32301

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..

Corporation Service Companyby: Margaret A. Pike, Asst. Secretary

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/MGRM

Michael Altif

1027 Northern Way

Winter Springs, Florida 32708

MGR/MGRM

Michael Strauss

401 N. Elm Road

Inverness, Illinois 60067

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Michael Strauss

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 Strauss

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)