

L05000035639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

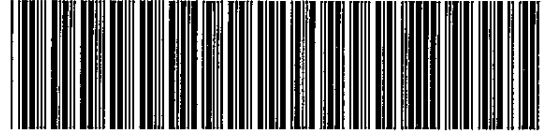
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 309372 7142564

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Pigute

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 12, 2005

ORDER TIME : 11:26 AM

ORDER NO. : 309372-005

CUSTOMER NO: 7142564

CUSTOMER: James D. Gibson, Esq
Gibson & Kohl-helbig, P.l.

400 Burns Court

Sarasota, FL 34236

DOMESTIC FILING

NAME: PEACH CATERING, L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Peach Catering, L.L.C.**ARTICLE II - Address:**

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

Principal Office Address:365 Sarasota Center Blvd., Unit C
Sarasota, FL 34240**Mailing Address:**365 Sarasota Center Blvd., Unit C
Sarasota, FL 34240**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

James D. Gibson, Esquire

Name

400 Burns CourtFlorida street address (P.O. Box **NOT** acceptable)Sarasota, FL 34236

FL

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, F.S..



Registered Agent's Signature

(CONTINUED)

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:

MGRM

Tyler Porfirio

365 Sarasota Center Blvd.

Sarasota, FL 34240

MGRM

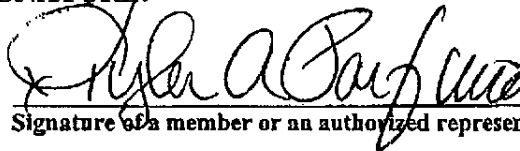
Paul Kirvin

365 Sarasota Center Blvd.

Sarasota, FL 34240

(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.)

Tyler Porfirio

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)