

L05000072902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Requestor's Address  
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SECURITY DIV. OF STATE  
T/TRANS. & REG. AFFAIRS

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Family Meal Times LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Scott Anderson  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

4216 Winderlakes Dr.  
(Address)

Orlando, FL 32835  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Anderson at ( 407 ) 843-2188  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
JUN 20 PM 4:19  
2005

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Family Meal Times LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

4216 Winderlakes Dr.  
Orlando, FL 32835

4216 Winderlakes Dr.  
Orlando, FL 32835

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

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

Scott Anderson

Name

4216 Winderlakes Dr.

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

Orlando, FL 32835

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

FILED  
20 2 19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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

Scott Anderson  
4216 Winderlakes Dr.  
Orlando, FL 32835

MGR

Deirdre Anderson  
4216 Winderlakes Dr.  
Orlando, FL 32835

\_\_\_\_\_

\_\_\_\_\_

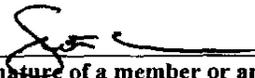
\_\_\_\_\_

\_\_\_\_\_

(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.)

Scott Anderson  
\_\_\_\_\_  
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)**

FILED  
 2005 JUL 20 P 11:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA