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COVER LETTER

TO: Registration Sec Division of Cor					
	BANCHAK AN	. 5 . ,			
SUBJECT:	<u> </u>	VD JTOVE 人。 d Liability Company)	<u> </u>		
	•				
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.			
Please return all correspo	ndence concerning this matte	er to the following:			
	1				
<u> </u>	DEMNINE	DTONE			
(Name of Person)					
CLYDE'S BROASTED CHICKEN					
	(Firm/Company)				
	6300 LONNIE LEE LANE (Address)				
		(Address)			
	HUDSON FLORIDM 34667 (City/State and Zip Code)				
	(City.	State and Zip Code)			
For further information of	oncerning this matter, please	call:			
1	5		1717		
(Name of Person) at (727) 505-63/3 (Name of Person) (Area Code & Daytime Telephone Number)					
(2.1220.2		(And Code to Day inter 10	sephone (vanioer)		
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)		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Talianassee, FL 32301	18		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	PETERTIAL DESE
The name of the Limited Liability Company is:	Efficient (1)
α	111111111
BANCHAK AND STONE 610	,
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II - Address:	ann an t
The mailing address and street address of the principal office of the Limited Lie	ibility Company is:
Principal Office Address: Mailing Address:	
1 1	, ,
6300 LONNIE LET LANG 6300 LONNIE HUDSON FLORIDA HUDSON FLORIDA	LO LANE
HUDSON FLORIDA HUDSON FLO	RIDA
34667 .34667	
ADTICUE III Desistent Acest Desistent Office & Desistent Acest	Ct
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual company cannot serve as its own Registered Agent.	Dignature:
business entity with an active Florida registration.)	A MARKETA
The name and the Florida street address of the registered agent are:	
Name Name	
Name	
Name Name	
Florida street address (P.O. Box NOT acceptable)	
4,0,0	
City State and Zin	
Chy, baw, and Lip	
	ibove stated limited
liability company at the place designated in this certificate, I hereby accept the	e appointment as
registered agent and agree to act in this capacity. I further agree to comply with	
statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in CI	
accept the confutions of my position as registered agent as provided for in Cr	iapier 008, F.S
	a. o
Man It	A EE 5 ★
Registered Agent's Signature (REQUIRED)	S S S S S S S S S S S S S S S S S S S
	SS TAN
(CONTINUED)	
(CONTRICED)	01/17

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	SEANINE STONE 6300 LONNIE LEE LANE
MORM	MUDSON FL 3469 MICHAEL BANCHAK 5649 IVY LANE HOLIDAY FL 34690
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: November 1/, 2005 (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	r or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated h	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Filing Fees:	ped or printed name of signee AFRICARIO SECURITARIO S
\$125.00 Filing Fee for Articles of Orga of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional	ORIDE 2: