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Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 : (800)494-3124 Phone Fax Number : (305)675-2811

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

Heirloom Catering & Private Chef Services, LLC

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$125.00

Corporate Filing Menu

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE 1: NAME

The name of the Limited Liability Company is:

HEIRLOOM CATERING & PRIVATE CHEF SERVICES, LLC

ARTICLE II: Address

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

125 EDGEWATER DR APT 2

CORAL GABLES, FL 33133

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

KRISTIN CONNOR

125 EDGEWATER DR APT 2

CORAL GABLES, FL 33133

Having been named as registered agent 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.

KRISTIN CONNOR / REGISTERED AGENT'S SIGNATURE

SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION OF CORPORATION OF AUGUSTA

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#### HEIRLOOM CATERING & PRIVATE CHEF SERVICES, LLC

#### **ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

#### ARTICLE V: MEMBERS (optional)

#### **MANAGING MEMBER:**

KRISTIN CONNOR 125 EDGEWATER DR APT 2 CORAL GABLES, FL 33133

#### **MANAGING MEMBER:**

BRENDAN CONNOR 1517 SAN RAFAEL AVE CORAL GABLES, FL 33134

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.)

#### KRISTIN CONNOR

Typed or printed name of signee

SECRETARY OF STATE DIVISION OF CORPORATIONS