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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Co			
SUBJECT: Prime	Caterers, LLC		
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Mike Yelr			
	(1	Name of Person)	
Prime Ca	terers, LLC	_	
	(	Firm/Company)	
3232 No	rth Tamiami Trai	1	
		(Address)	
Sarasota	ı, FL 34234		
<del></del>	(City)	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Mike Yelman		at (941) 358-210 (Area Code & Daytime To	01
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Prime Caterers, I			
(Must end with the words	"Limited Liability Company, "Lin	mited Company" or their abbreviation "LLC,"	' or "L.C.,")
ARTICLE II - Add The mailing address		principal office of the Limited Lie	ability Company is:
Principal Office Ac	ddress:	Mailing Address:	
3232 North Tamiami Sarasota, FL 34234	Trail	3232 North Tamiami Trail Sarasota, FL 34234	<del></del>
(The Limited Liability Corbusiness entity with an action The name and the F		red Office, & Registered Agent's egistered Agent. You must designate an individue registered agent are:	
	Name		
<u>.</u>	3232 North Tamiami Trail		
<u>.</u>	Florida street Sarasota,	address (P.O. Box <u>NOT</u> acceptable)  FL 34241	9: 39
liability compan registered agent an statutes relating to	d as registered agent and by at the place designated in dagree to act in this capato the proper and complete	te, and Zip  to accept service of process for the lin this certificate, I hereby accept the city. I further agree to comply with performance of my duties, and I an egistered agent as provided for in C	⇒ above stated limited be appointment as the provisions of all n familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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" = Mar "MGRM" = M	nager lanaging Member	Name and Address:	
MGMR		Mike Yelman 3232 North tamiami Trail Sarasota, FL 34234	- -
MGMR		Ravindra Munshi 3232 North Tamiami Trail Sarasota, FL 34234	- - -
			- - -
			- - -
ARTICLE V: Effective	listed, the date must be s	ate of filing: September 6, 2006 . (OPTIC specific and cannot be more than five business	
REQUIRED S	SIGNATURA: Signature of a member of	or an authorized representative of a member.	
	(In accordance with section of this document constituth that the facts stated her	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury rein are true.)	
	Mike Yelman	ed 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)