

07 0000 16254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

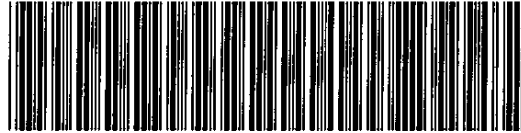
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-13
[Signature]



26520 Agoura Road Calabasas, CA 91302

Toll-Free: 1-888-692-6771 Direct/Intl: 1-818-879-9079

Fax: 1-818-879-8005 Email: info@mycorporation.com

ROUTINE SERVICE FILING REQUEST

Tuesday, January 23, 2007

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: *Tuscany Sun Catering LLC*

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation Business Services, Inc.
26520 Agoura Road
Calabasas, CA 91302
ATTN: FULFILLMENT DEPARTMENT

**Articles of Organization
For
Tuscany Sun Catering LLC
Florida Limited Liability Company**

ARTICLE I - Name:

The name of the Limited Liability Company is Tuscany Sun Catering LLC

ARTICLE II - Address:

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

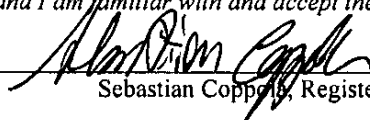
9637 SW 159 Ct.
Miami, Florida 33196

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

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

Sebastian Coppola
9637 SW 159 Ct.
Miami, Florida 33196

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.

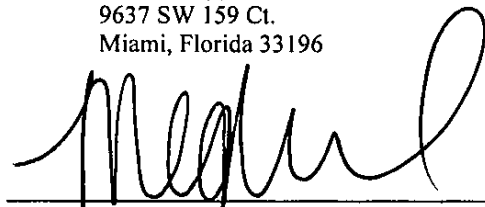

Sebastian Coppola, Registered Agent

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Sebastian Coppola
9637 SW 159 Ct.
Miami, Florida 33196

Magda Coppola
9637 SW 159 Ct.
Miami, Florida 33196


Meghan Record, Organizer

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