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Office Use Only



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COVER LETTER

Division of Co					
SUBJECT: ELLA'S	S KITCHEN, LLC				
	(Name of Limited	d Liability Company)			
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
MELISSA I					
	(Name of Person)			
ELLAS KIT	CHEN, LLC				
**************************************	(Firm/Company)			
4008 N Se	eminole Ave				6
		(Address)		07	NESS 3S
Tampa, F				APR	TON O
	(City	/State and Zip Code)		တ်	22 23 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35
For further information	concerning this matter, please	call:		07 APR - 6 84 AP: 1256	DIESTA BREETO
Melissa Deming		at (813) 927-476	8	P556	
(Name	of Person)	(Area Code & Daytime To	elephone Number)		
Enclosed is a check for	or the following amount:		\$160.00 Filing	HII: 0	STATE
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed)	s &	SHC
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	ed Liability Company is:	·	
The name of the Limit	cu Elability Company is.		
Ella's Kitchen, LLC		·	
(Must end with the words "Lin	mited Liability Company, "Limited Company" or the	eir abbreviation "LLC," or "L.C.,")	
ARTICLE II - Addre The mailing address ar	ess: and street address of the principal office	of the Limited Liability Company	is:
Principal Office Add	ress: Mailing Ad	dress:	
5119 N Nebraska Ave	4008 N Semino	ole Ave	
Tampa, FL 33603	Tampa, FL 336	603	
The name and the Flor	rida street address of the registered agen		o Co
The name and the Flor	rida street address of the registered agen Donna N Deming Name	07 APR	SECRE
The name and the Flor	Donna N Deming	07 APR	SECRETAR
The name and the Flor	Donna N Deming Name	07 APR -6	SECRETARY OF
The name and the Flor	Donna N Deming Name 1900 Capri Road Florida street address (P.O. Box N	07 APR -6	SECRETARY OF ST
The name and the Flor	Donna N Deming Name 1900 Capri Road	07 APR -6	SECRETARY OF STATE
	Donna N Deming Name 1900 Capri Road Florida street address (P.O. Box Note: 1800 Pt. 33594 City, State, and Zip as registered agent and to accept service.	NOT acceptable) of process for the above stated limit	
Having been named a liability company a registered agent and a statutes relating to the	Donna N Deming Name 1900 Capri Road Florida street address (P.O. Box Normalization of the company of the com	of process for the above stated limit I hereby accept the appointment as ree to comply with the provisions of my duties, and I am familiar with an	all

(CONTINUED)
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>		Name and Address:		
"MGR" = Mana				
"MGRM" = Ma	naging Member			
MGRM		Melissa Deming		
		4008 N Seminole Ave	_	
		Tampa, FL 33603	<u>-</u>	
			_	
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	e date, if other than the o	date of filing: April 10, 2007 . (OPTIC		
(If an effective date is li to or 90 days after the o		specific and cannot be more than five business	s days į	prior
REQUIRED S	IGNATURE:			
	Meli	ssallming	07 APR	SECR DIVISION
	Signature of a member	or an authorized representative of a member.	70	유당국
	(In accordance with sect	tion 608.408(3), Florida Statutes, the execution	9-	
	of this document constit that the facts stated he	tutes an affirmation under the penalties of perjury erein are true.)	AM II: 00	10 He
	Melissa Deming			AI S
		ped or printed name of signee	00	호프
	,			$\overline{\omega}$

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)