

H070000 515 77

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000132305 3)))



H070001323053ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 15 AM 8:46

FILED

Handwritten signature: Silb

FLORIDA/FOREIGN LIMITED LIABILITY CO.

D-SIS'S Catering Services, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

07 MAY 15 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **D-SIS'S Catering Services, L.L.C.**

ARTICLE II - Address

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

Principal Office Address:Mailing Address:

2500 N.W. 55th Boulevard

2500 N.W. 55th Boulevard

Gainesville, FL 32653

Gainesville, FL 32653

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

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

Beverly Perry

Name

2500 N.W. 55th Boulevard

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Gainesville, FL 32653

(City / State / Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 15 AM 8:46

FILED

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature - Beverly Perry

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

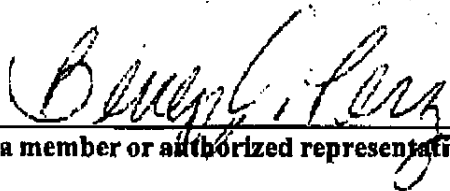
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMBeverly Perry - 2500 N.W. 55th Boulevard, Gainesville, FL 32653MGRMMelva Lee - 9330 Sunny Oak Drive, Riverview, FL 35696MGRMJanet Foster - P.O. Box 87, LaCrosse, FL 35658MGRMSharon Dudley - 234 N.W. 7th Avenue, Gainesville, FL 32601MGRMReatha Daniels - 6606 N.W. 27th Avenue, Gainesville, FL 32609MGRMAnnette Daniels - 1511 N.E. 16th Avenue, Gainesville, FL 32601

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Beverly Perry

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 15 AM 8:46

FILED