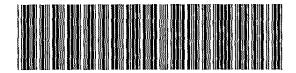
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| (Requestor's Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section

Division of Corporations Tasteful Touch Caterers/ Event Planners LLC. (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Anthony G Birchette (Name of Person) Tasteful Touch Caterers/ Event Planners LLC. (Firm/Company) 11071 Southern Blvd suite 150/160 (Address) Royal Palm Beach FL 33411 (City/State and Zip Code) For further information concerning this matter, please call: Anthony G Birchette (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sqrt{\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Tasteful Touch Caterers/ Event Planners LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

| 1071 Southern Blvd suite 150/160 | 11071 Southern Blvd suite 150/160 |
|----------------------------------|-----------------------------------|
| Royal Palm Beach FL 33411 | Royal Palm Beach FL 33411 |

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Anthony G Birchette

 $Nam\epsilon$

1081 Center Stone Lane

Florida street address (P.O. Box NOT acceptable)

Riviera Beach FL 33404

City, State, and Zip

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 (REQUIRED)

(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:

| Title: | Name and Address: |
|--|---|
| "MGR" = Manager "MGRM" = Managing Member | |
| MOKM - Managing Methoel | |
| MGRM | Anthony G Birchette |
| | 1081 Center Stone Lane |
| | Riviera Beach FL 33404 |
| MGRM | Jose N Rodriguez |
| | 10121 Calumet Lane |
| · . | Lake Worth FL 33467 |
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| (Use attachment if necessary) | |
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| ICLE V: Effective date, if other th | an the date of filing: (OPTIONAL |
| | nust be specific and cannot be more than five business days |
| 90 days after the date of filing.) | |
| | |
| SECTIONS CLOSE WINE. | |
| <u>REQUIRED</u> SIGNATURE: | |
| | 25 |
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| (/_\ | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee