# L07000109225

(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:			
W07-52961			

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORID



October 25, 2007

PATRICIA FERNANDEZ 5553 W. WATERS AVENUE, STE. 301 TAMPA, FL 33634

SUBJECT: DILLY DAPPER DELI & CATERING LLC

Ref. Number: W07000052961

We have received your document for DILLY DAPPER DELI & CATERING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the NAME of each manager/managing member.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 807A00062809

Leslie Sellers Regulatory Specialist II

10-29-2007

# **COVER LETTER**

InterContinental Tampa

TO: Registration Se Division of Cor			
SU <b>BJECT</b> :		Deli Coter	iry LLC
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
Patr	icia Fernar	rcle2	
		Name of Person)	
Din	y Dapper L	Delic Catering	LC.
· ——	_	•	
55	53 W. Was	ers Suite 30	
		(Address)	•
lar	rpa 7C	33634	
	(City	/State and Zip Code)	<u>-</u>
	oncerning this matter, please  Ternanda  of Person)	call: 813- a \$249 at ( 727) 421- 9 (Area Code & Daytime Tele	- 9500 OR 890 phone Number)
Enclosed is a check for	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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

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

### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
5553 W. Waters Avenue Suik 301 Tampu Florida 33634	Same
1349 J 4CKSOr	red Agent. You must designate an individual of another  SECRETARY OF STANCES (P.O. Box NOT acceptable)  FL 33634

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:

InterContinental Tampa

"MGR" = Manager "MGRM" = Managing Member	Patricia Fernandez 1249 Jackson Rd — Clearwater Fr. 33705
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the of (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
(In accordance with sect of this document constitution facts stated he	7 · · · · · · · · · · · · · · · · · · ·
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)