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SECRETARY OF STATE

A. LUNT

FEB 28 2008

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Vernie's Cafering 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:
CHAILES Rieffie
VerMIe's Catering LLC (Firm/Company)
1084 W. Seagate Dr FE &
Delfont, Flq 32725  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
CHArles Rieffie at (1407) 409-8987  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liabil	fering-LLC ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1084 W. Seagate Dr DCHONA FL 32725	Same
_	registered agent are:    Compared Agent. You must designate an individual or another registered agent are:   Compared Agent Ag

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)

RM" = Managing Member  CaR  attachment if necessary)  Effective date, if other than the data	Charles Rieffie 1084 W. Seagate Dr Deltona, Fl 32725  LAVONZelle Rieffie 1084 W. Seagate Dr DElfona, Fl 32725  ARNIFO WILLIAMS 13875 NW. 26 AVC OPOLOCKO F1933054 AFFY
attachment if necessary)  Effective date, if other than the da	1084 W. Seagate Dr DEITONA, FL 32725 ARNIFG WILLIAMS 13875 NW. 26 AVE OPALOCKA F1933054 AFFY
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attachment if necessary)  Effective date, if other than the da	13875 NW. 26 AVC OPalocka F1933054 Aff4
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ve date is listed, the date must be s after the date of filing.)	specific and cannot be more than five business da
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<u>UIRED</u> SIGNATURE:	FO 7
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( tacefee	Weller DE 0
	or an authorized representative of a memher.
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution ttes an affirmation under the penalties of perjury
that the facts stated here  CHAPL  Types	en are mile )

\$125.00 Filing Fee for Articles of Organization and Designation

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