

L080000034783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

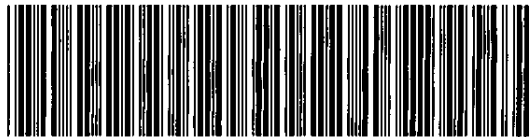
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/08--01010--015 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR -4, PM 3:17

T. HAMPTON

APR - 7 2008

EXAMINER

2008-2564

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MI' ANOINTED HANDS CATERING, 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:

GWENDOLYN ADAMS
(Name of Person)
MI' ANOINTED HANDS CATERING
(Firm/Company)
1100 N.W. 45 STREET
(Address)
MIAMI FL 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

Bronniba Kamarakego at (305) 788-6653
(Name of Person) (Area Code & Daytime Telephone 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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 APR -4 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 22, 2008

GWENDOLYN ADAMS
1100 NW 45 ST
MIAMI, FL 33169

SUBJECT: MI' ANOINTED HANDS CATERING, LLC
Ref. Number: W08000009566

We have received your document for MI' ANOINTED HANDS CATERING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 21, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 708A00011343

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MI' ANOINTED HANDS CATERING, 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:

1100 NW 45 STREET
MIAMI FL. 33127

Mailing Address:

1100 N.W. 45 STREET
MIAMI, FL. 33127

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.)

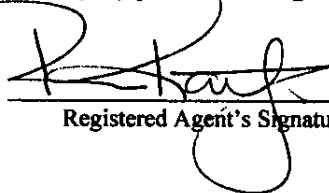
The name and the Florida street address of the registered agent are:

Bronniba Kamarakafeg
Name

1192 NW 192 TERRACE
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL. FL 33169
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

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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:

MGR

GWENDOLYN ADAMS
1100 NW 45 STREET
MIAMI, FL. 33127

MGRM

LELIA M. ADAMS
1100 NW 45 STREET
MIAMI, FL. 33127

MGRM

RRONNIBA KAMARAKAFEGO
1192 NW 192 TERRACE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an 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.)

Rronniba Kamarakafego

Typed or printed name of signee

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)