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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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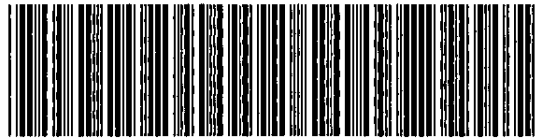
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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M. THOMAS  
SEP 19 2008  
EXAMINER

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: PCAT FOOD SERVICES, LLC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

175.00  
☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: CARLITO G. FLORES  
Name (Printed or typed)

809 BEVERLY PARKWAY

Address

PENSACOLA, FLORIDA 32505

City, State & Zip

850-435-6845

Daytime Telephone number

**C. G. FLORES & RAY G. FLORES, CPA**  
Accounting & Tax Service  
809 Beverly Pkwy  
Pensacola, Florida 32505  
Tele. (850) 435-6845

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
FOR: PCAT FOOD SERVICES LLC.**

**ARTICLE I. Name**

The name of the Limited Liability Company is: PCAT FOOD SERVICES, LLC.

**ARTICLE II. Address**

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

Principal Office Address:

434 S 72<sup>nd</sup> Ave  
Pensacola, Florida 32506

Mailing Address:

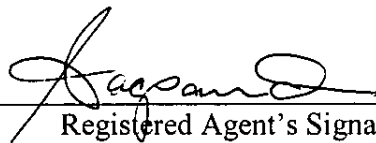
434 72<sup>nd</sup> Ave  
Pensacola, Florida 32506

**ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature**

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

Catalina S. Dacpano  
434 72<sup>nd</sup> Ave  
Pensacola, Florida 32506

*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 property 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

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TALLAHASSEE, FLORIDA

**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:**

Managing Member/Director

Perfecto Dacpano  
434 72<sup>nd</sup> Ave  
Pensacola, Florida 32506

Managing Member/Director

Catalina S. Dacpano  
434 72<sup>nd</sup> Ave  
Pensacola, Florida 32506

**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.)

Perfecto Dacpano, Managing Member  
Name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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