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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

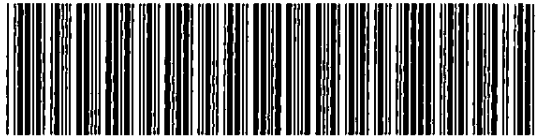
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 23 PM 1:30

FILED

C. LEWIS

JAN 26 2009

EXAMINER

A HEAVENLY BITE CATERING, LLC

**6130 SW 114 Avenue
Miami, Florida 33173
(786) 556-1898**

January 18, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

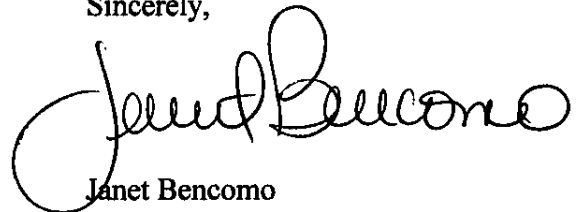
Re: A Heavenly Bite Catering, LLC

To whom it may concern:

We submit herewith the signed and executed application for Articles of Organization and Designation of Registered Agent and check in the amount of \$130.00 relative to the above referenced limited liability company.

If you have any questions please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Janet Bencomo". The signature is fluid and cursive, with a large initial "J" and "B".

Janet Bencomo

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A Heavenly Bite 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:

Janet Bencomo

(Name of Person)

A Heavenly Bite Catering, LLC

(Firm/Company)

6130 SW 114 Avenue

(Address)

Miami, Florida 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

Janet Bencomo

(Name of Person)

at (**786**) **556-1898**

(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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2009 JAN 23 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

A Heavenly Bite 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:

6130 SW 114 Avenue
Miami, Florida 33173

Mailing Address:

P.O. Box 960021
Miami, Florida 33296

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:

Jessie Torres

Name

6130 SW 114 Avenue

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

Miami, FL 33173

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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Jessie Torres

P.O. Box 960021

Miami, Florida 33296

MGRM

Janet Bencomo

P.O. Box 960021

Miami, Florida 33296

(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.)

Jessie Torres

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)