L09000041791

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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COVER LETTER

ТО:	Registration S Division of Co				
SURI	ECT: MICHI	E CATERING LLC			
50 20		(Name of Limited	Liability Company)		_
		f Organization and fee(s) are su	_	EFFECTIVE DATE 5	1,5109
Please	e return all corresp	ondence concerning this matter	to the following:	LITEORIVE DATE	11010
	NATCHIA	JULES-TOUSSAIN			<u> </u>
		(N	ame of Person)		0
	JULES-TO	OUSSAINT LLC		P.C.	9
		(F	irm/Company)		772
	5675 SUN	IBERRY CIRC		7.5.5r	T ED
			(Address)	ļ.	
	FORT PIE	RCE, FL 34951		,	05: 5
		·	State and Zip Code)		V
				k	
For fu	rther information	concerning this matter, please c	all:		
NA	TCHIA JUL	ES-TOUSSAINT	., 954 56	62-8883	
		e of Person)	(Area Code & D	Daytime Telephone Number)	_
Enclo	sed is a check for	or the following amount:		_	
□ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe Certified Copy (additional copy is er	Certificate of St	tatus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courie Registration So Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng ve Center Circle	



ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ity Company, "L.L.C.," or "LI.C.")
MICHE CATERING LLC	E E
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LI.C.")
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:
12971 SILVER SPRING DR JACKSONVILLE, FL 32246	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
NATCHIA JULES-TO	
Name	7000A((4)
5675 SUNBERRY C	IRC lress (P.O. Box NOT acceptable)
FORT PIERCE, FL 3	· · · · · · · · · · · · · · · · · · ·
City, State, a	

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGR	MICHELOVE PELLE		
	12971 SILVER SPRING DR		
	JACKSONVILLE, FL 32246		

ARTICLE V: Effective date, if other than the date of filing: MAY 15TH, 2009 . (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:

(Use attachment if necessary)

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.)

NATCHIA JULES-TOUSSAINT

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)