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(Re	equestor's Name)	
(A)	ldress)	
(r iu		
(Ad	dress)	
-		•
(Cit	ty/State/Zip/Phon	e #)
·	- 1	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
•	•	•
(Do	cument Number)	•
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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07/06/09--01035--002 **125.00



C. LEWIS

JUL 7 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUBJE	ECT:	The (Catered Affair, LLC	;
			ed Liability Company	
The end	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
			John B. Moss Name of Person	
		Hoad	Moss & Fulton, P.A.	
•		ileau, i	Firm/Company	
		1530 Busii	ness Center Dr., Ste.	4
			Address	
-			g Island, FL 32003 cy/State and Zip Code	
		CII	y/State and Zip Code	
_		E-mail address: (to be used	for future annual report notifica	tion)
For furt	ther information	concerning this matter, please	e call:	
		hn Moss	_at (904)	278-8200 ne Telephone Number
	Name	or reison	Area Code & Dayun	te relephone Number
Enclos	ed is a check f	or the following amount:		
] \$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	rations enter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	a.		
The name of the Limited Liability Company is	5 :		
The Catered A	Affair. LLC		
(Must end with the words "Limited Liab			
ARTICLE II - Address: The mailing address and street address of the particle.	principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1355 Blackmon Road	1355 Blackmon Road		
Green Cove Springs, FL 32043	Green Cove Springs, FL 32043		
The name and the Florida street address of the John B Name 1530 Business C Florida street address (P.C Fleming Island,FL 3200 City, State,	Senter Dr., Ste. 4 D. Box NOT acceptable) O3 FL		
liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S		

(CONTINUED)

Page 1 of 2

FILED

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

2009 JUL -6 PM 12: 37

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

"MGR" = Manage		Name and Address:	IAULANA
MUKIM" = Mana	er aging Member		
MGRM	_	Terri L. Jones	
		1355 Blackmon Road	
		Green Cove Springs, FL 32043	
MGRM		Steven E. Jones	
		1355 Blackmon Road	
		Green Cove Springs, FL 32043	
	<u> </u>		
			. (OPTIONA
ffective date is list days after the da	ed, the date must be te of filing.)	date of filing:e specific and cannot be more than five	business day
ffective date is list	ed, the date must be te of filing.) GNATURE:	e specific and cannot be more than five	business day
ffective date is list days after the da <u>REQUIRED</u> SIG	ted, the date must be te of filing.) GNATURE:	e specific and cannot be more than five	business day
ffective date is list days after the da <u>REQUIRED</u> SIG	ed, the date must be te of filing.) GNATURE: Signature of a member (In accordance with second	er or an authorized representative of a memberation 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perju	business day
ffective date is list days after the da <u>REQUIRED</u> SIG	Signature of a member of this document constitute that the facts stated her	er or an authorized representative of a member extion 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjurein are true.) Terri L. Jones	business day
ffective date is list days after the da <u>REQUIRED</u> SIG	sed, the date must be te of filing.) SNATURE: Signature of a member of this document constitute the facts stated here.	er or an authorized representative of a member extion 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjurein are true.)	business day
fective date is list days after the da <u>REQUIRED</u> SIG	sed, the date must be te of filing.) SNATURE: Signature of a member of this document constitute the facts stated here.	er or an authorized representative of a member extion 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjurein are true.) Terri L. Jones	business day
fective date is list days after the da REQUIRED SIG Filing Fees: \$125.00 Filing Fe	Signature of a member of this document constitute that the facts stated her	er or an authorized representative of a member extion 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjurein are true.) Terri L. Jones	business day

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)