# L1000066446

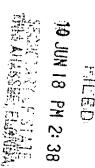
(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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S. HAWKES
JUN 2 2 2010
EXAMINER

### **COVER LETTER**

	ration Section on of Corporation	s		
SUBJECT: _	Nake's	Whalaso Name of Limit	de Sen Food, Led Liability Company	LC.
The enclosed A	rticles of Organizat	ion and fee(s) are	submitted for filing.	
Please return al	l correspondence co	oncerning this mat	ter to the following:	
	Ch	ad May	Name of Person	
			Firm/Company	
	2956	Ocean	S Trace Address	
			Loves FL 321' y/State and Zip Code	18
	E-mail :	CFlepa (	or future annual report notification)	
For further info	rmation concerning		•	
Chai	Martin Name of Person		at (386) 299 Area Code & Daytime Teleph	2417 none Number
Enclosed is a	check for the follo	owing amount:		
<b>⊟\$</b> 125.00 Filin	g Fee <b>□</b> \$130.0 Certifi	00 Filing Fee & cate of Status		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	Address tion Section to of Corporations x 6327 ssee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 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: Chad Martin Name 2954 Oceans Trace Florida street address (P.O. Box NOT acceptable) Oustone Black Shows FL 32118 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):

·	
ARTICLE IV- Manager(s) or Mana The name and address of each Manag	aging Member(s): ser or Managing Member is as follows:  Name and Address:
<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MG-RM	Nathan Cash 1152 Lakewood PK Dr Daytona Beach, FL 321914

ARTICLE V: Effective date, if other than the date of filing: Date of Filing (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.)

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)