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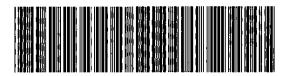
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(additional Entiry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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G. MCLEOD

JUL 21 2010

EXAMINER



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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Food Service RFP, LLC		
	d Liability Company	
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Tim Shepardson		
	Name of Person	
Food Service RFP LLC		
	Firm/Company	
197 East Mitchell Hammock Road	Address	
	. 1541400	
Oviedo Florida, 32765		
	/State and Zip Code	
shepardson.tim@gmail.com E-mail address: (to be used fo	or future annual report notification)	
For further information concerning this matter, please	call:	
Tim Shepardson	at (_407)637-1010	
Name of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount:		
\$125.00 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company i	s:			
Food Service RFP, LLC				
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the	principal office of the Limited Liab	ility Com	pany	is:
Principal Office Address:	Mailing Address:			
197 East Mitchell Hammock Road	197 East Mitchell Hammock Road			
Oviedo, FL 32765	Oviedo, FL 32765			
Oviedo	e registered agent are:			

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:

"MGRM" = Managing Member	Name and Address:
MGRM	Tim Shepardson
	197 East Mitchell Hammock Road
	Oviedo, Fl. 32765
MGRM	William A. Dingwell
	202 Windstream Way
	Cary, NC 27518
(Use attachment if necessary)	
	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days price
r 90 days after the date of filing.)	
	·
r 90 days after the date of filing.) REQUIRED SIGNATURE:	The andson
r 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with s	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury serein are true.)

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)