L10000108309

(Re	equestor's Name)				
, (Ad	ldress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special instructions to Filing Officer:					





300186371393

10/15/10--01005--017 **125.80

FILED

O OCT IS MIL: 42

SECRETARISED FILED

J. BRYAN

OCT 18 2010

EXAMINER

		COVE	R LETTER		
1	FO: Registration S Division of Co	orporations Cutering	To You-F	<u>ersonal</u> ChefSen	Óc
7	The enclosed Articles o	of Organization and fee(s) are s	submitted for filing.		
F	Please return all corresp	pondence concerning this matter	er to the following:		
	, <u> </u>	Dawnelle	Name of Person	itt	
	Cafe	ering To	Lou-Person Firm/Company	al Chef Service	يو
	45	521 N. B	pristol Co	urt	
	Ni	ceville	/State and Zip Code	32578	
F	o auther information	hefdann	or future annual report notification)	Com	
I	Lunelle	Northcutt of Person	0- 00.	phone Number	
E	Enclosed is a check fe	or the following amount:		. JeA	
Ø	\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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	FILE C 10 OCT 15 A SECAL ASSEE, TALLAHASSEE,	
	7			MII: 42	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	:	
Catering To You (Must end with the words "Limited Liabil	- Personal Chef Se	X
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4521 N. Bristol Ct. Niceville, FL 32508	4521 N. Bristol Court Niceville 32508	⊢
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 r	registered agent are:	
Dennis L Name	. Northcutt 5	
4521 N.B.	ristol Court dress (P.O. Box NOT acceptable)	
Niceville City, Sta	FL 30578	
**		

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: Title: "MGR" = Manager "MGRM" = Managing Member AAC TO

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this concument is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

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 hereifi 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)

Page 2 of 2