## L11000051267

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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ZHILLE ID

C. LEWIS

MAY - 2 2011

**EXAMINER** 

TO:	Registration S Division of Co			**	
SUBJI	ест: <u>Gu</u>		KITCHI	EN SERVIC	ES, LLC
r		Name	of Ellinea Elabi	nty Company	
The en	closed Articles of	f Organization and fe	e(s) are submitte	ed for filing.	
Please	return all corresp	ondence concerning	this matter to the	following:	
		Thomas	B BEAT	ty:	
			Name o	f Person	
		•			
	<del></del>		Firm/C	ompany	
		2005 11	161	D = (=	
		3805 M		s urive	
		Rus Kin,	FL 3:	3573	
		~/ 0 - 11	City/State a	nd Zip Code	
		Th BEAH	V 813 c	AOL. COM  annual report notification	-\
		·		e annuar report nouncaus	n)
For fu	rther information	concerning this matt	er, please call:	•	•
	Thomas	<del> </del>	at (	813 781	1.0720
	Name	of Person		Area Code & Daytime	Telephone Number
Enclo	sed is a check for	or the following an	nount:	,	
<b>5125.0</b>	0 Filing Fee	\$130.00 Filing F Certificate of S	tatus Co	55.00 Filing Fee & crtified Copy Iditional copy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Secti Division of Corp P.O. Box 6327 Tallahassee, FL 3	orations	Street/Courier Adds Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions ter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	d Liability Compa	any is:	1		·	
	COAST K				u	
(Must end	with the words "Limit	ed Liability Com	pany, "L.L.C.," o	r "LLC.")		
ARTICLE II - Address The mailing address an		f the principa	l office of the	Limited Liab	oility Compan	ıy is:
Principal Office Addr	ess:	Ma	ling Address	3 <b>:</b>		
3805 MILF			SAI	ME		
RUSICIN, F	C 22212	<del></del>		·		
ARTICLE III - Regis (The Limited Liability Compa business entity with an active The name and the Flori	ny cannot serve as its o Florida registration.)	wn Registered Ag	ent. You must de	signate an individu		
	HER	Brock	PERMI	HTIME	ASS	FIND
<del></del>		Name	<del> </del>	<del></del>		199
	151 HA				OKSTATE EFLORID	
	Florida	street address (F	.O. Box <u>NOT</u> a	icceptable)	SE SE	D C
	AROULD			<u>T</u> _	<b>P</b>	
•		City, State, and	l Zip			
Having been named a	s registered agent	and to accept	service of pro	ocess for the a	bove stated lit	nited

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):

FILED

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

	The mane and address of each ivianager of	i wanagnig wenteer is as tonows.	28H APR 29	AM No CK
	Title:	Name and Address:	,	ų.
	"MGR" = Manager "MGRM" = Managing Member		SECRETARY	OF-STATE
	MGR	Thomas BREATTY	WEEWINGOL	_, 1.4_ GIVIUN
	1191	3805 MILFLORES	DR	
		RUSKIN, FL 39	3573	
		·		
			<del> </del>	
<i>;</i> ·	•			
		1		
			···········	
	(Use attachment if necessary)	•		•
A TOTTE	CLE V: Effective date, if other than the dat	Anoil 25 20	II (OPTIONAL	,
(If an	LLE V: Effective date, if other than the date effective date is listed, the date must be sp	e of filing: The t	'e business days	,) <b>prior</b>
	0 days after the date of filing.)		• ··· · · · · · · · · · · · · · · · · ·	
	REQUIRED SIGNATURE:			
	-11	00		
	1 Noma	1 Dollary	· ·	
	-	r an authorized representative of a mem		
	constitutes an affirmation under the	8(3), Florida Statutes, the execution of this e penalties of perjury that the facts stated h	erein are true.	
	I am aware that any false information constitutes a third degree felony as	on submitted in a document to the Departr	ment of State	
	Thomas	B BEATTY		
	Туред	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)