

L11000053549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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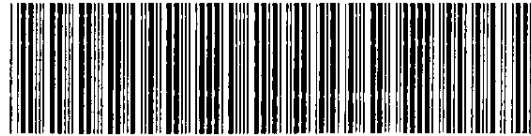
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 13 2011

EXAMINER

L11-53549

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2 Chiefs In A Truck, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Lafond

Name of Person

2 Chefs In A Truck, LLC

Firm/Company

P O Box 163024

Address

Altamonte Springs, FL. 32716

City/State and Zip Code

2chefs.in.atruck@gmail.com

E-mail address: (to be used for future annual report notification)

2011 MAY 12 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SECRETARY OF THE ARMY
WASHINGTON, D. C.
MAY 12 1964

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L11000053549
FILED 8:00 AM
May 05, 2011
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

2 CHIEFS IN A TRUCK, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

5472 LOCHDALE DR
ORLANDO, FL. US 32818

The mailing address of the Limited Liability Company is:

P O BOX 163024
ALTAMONTE SPRINGS, FL. 32716

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

ANTHONY F LAFOND
5472 LOCHDALE DR
ORLANDO, FL. 32818

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.

Registered Agent Signature: ANTHONY F LAFOND

Article V

The name and address of managing members/managers are:

Title: MGR
ANTHONY F LAFOND
5472 LOCHDALE DR
ORLANDO, FL. 32818

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Signature of member or an authorized representative of a member

Electronic Signature: ANTHONY F LAFOND

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.