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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Coast to Coast Gournet LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing.
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer L. Schenk Name of Person
Coast to Coast Gournet LLC
5020 Clark Road, #153
Sarasota, FL 34233 City/State and Zip Code
jenny & Coast to Coast gournet.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tevny Schenk at (40) 770-8662 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address Street/Courier Address Projection Section Projection Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is: Coast to Coast Gournet LLC

ARTICLE II - Address:

business entity with an active Florida registration.)

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

Principal Office Address:	Mailing Address:
5020 Clark Road	5020 Clark Road
50+0504a, FL34233	50+05040, FL34233
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered)	

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

Jennifer Schenk

Name

8576 Great Meadow Drive

Florida street address (P.O. Box NOT acceptable)

Schosoto FL 34238

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)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Name and Address:
Jennifor Schenk 8576 Great Meadows Sarasota, FL 34238
Michael Schenk 8576 Great Moadow D Sarasota, FL 34238
Kayherine Schenk 8576 Great Meddow Di Schosota, FL 34238
e date of filing: (OPTION.

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 herein are true. I am aware that any 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.)

nifer Schenk

Typed or printed name of signe

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)