L110000077315

(Re	equestor's Name))
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies		
Special Instructions to Filing Officer:		

Office Use Only



000209101880

07/01/11--01010--007 **155.00

11 JUL -1 FH 4: 17

B. BOSTICK

JUL - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CALADIUM CATERING LLC Name of Limited Liability Company	-
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
PAUL GRIMOND Name of Person	
Firm/Company	
116 CALADIUM CT Address	
BRADENTON FLORIDA 342 City/State and Zip Code Paulgrimond a hot mail. Com Te-mail address: (to be used for future annual report notification)	.12
Paulgrimonda hotmal. Com FE-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
PAUL GRIMOND at (941) 518 7740 Name of Person Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (addit	tatus & 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 Circle Tallahassee, FL 32301	FILED 11 JUL - I PH I; 17 LAHASSEE FLORID

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
CALADIUM CATERING LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
116 CALADIUM CT BRADENTON FLORIDA 34212 FLORIDA 34212
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
PAUL GRIMOND Name
Florida street address (P.O. Box NOT acceptable)
BRADENTON FL 34212 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
P Dominal
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MAR PAULGRIMONIS (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member of 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.) PAUL CRIMOND . 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)

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

\$ 5.00 Certificate of Status (Optional)