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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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11/21/11--01020--012 **160.00

Effective Date 11 15/11

SECRETARY OF STATE

T. HAMPTON

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
		•
SUBJE	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	2.11.122.0
	Name of Lim	ited Liability Company
The enc	closed Articles of Organization and fee(s) are	e submitted for filing.
Please r	return all correspondence concerning this ma	atter to the following:
_	KATHERINE T GROOM	S
		Name of Person
_	ACCOUNTING & TAX SO	OLUTIONS
		Firm/Company
_	6527 HUGHES STREET	
		Address
J	IACKSONVILLE, FL 32219	
_	C	ity/State and Zip Code
ŀ	KAGR445@YAHOO.COM	
	•	for future annual report notification)
For furtl	her information concerning this matter, plea	se call:
KATH	HERINE GROOMS	at (904)_859-9823
	Name of Person	Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STOP SAUCE 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:

9512 APPLE VALLEY LANE

JACKSONVILLE, FL 32222

9512 APPLE VALLEY LANE JACKSONVILLE, FL 32222

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:

JASPER M WHITE

Name

9512 APPLE VALLEY LANE

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

JACKSONVILLE

_{FL} 32222

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)

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SECRETARY OF STATE

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

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

MGR	IAODED AAMUUTE
WIGK	JASPER M WHITE 9512 APPLE VALLEY LANE
	JACKSONVILLE, FL 32222
MGRM	PATRICE HARRELL WHITE
All the state of t	9512 APPLE VALLEY LANE
	JACKSONVILLE, FL 32222
	
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Effective date, if other than	n the date of filing: 11-15-2011 (OPTI st be specific and cannot be more than five busines
days after the date of filing.)	ist he specific and cannot be more than tive pusities

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.)

JASPER M WHITE

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)

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