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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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L. SELLERS NOV 2.8 2011					
			EXAMINER		

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SECRETARY OF STATE

COVER LETTER

TO:

Resistration Section

Division of Corporations		
_{suвjecт:} The Culinarian	ı. LLC	
Nar	ne of Limited Liability Com	ppany
The enclosed Articles of Organization and	I fee(s) are submitted for fil	ing.
_		
Please return all correspondence concerning	ig this matter to the followi	ng.
Vernon Price		
	Name of Person	
The Culinarian, L	LC	
	Firm/Company	
2666 Pickett Dow	ns Drive	
	Address	
Chuluota, FL 32766		
Chiddota, 1 L 32700	City/State and Zip Co	de
theculinarian1@gmail.	com	
E-mail address:	(to be used for future annual re	eport notification)
For further information concerning this m	atter, please call:	
Vernon Price	at (407	, 588-7209
Name of Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following a		
\$125.00 Filing Fee \$130.00 Filing Certificate of	Status Certified C	
Mailing Addre Registration Sec Division of Co P.O. Box 6327 Tallahassee, Fl	ction Registr reporations Division Clifton 232314 2661 E	Courier Address ation Section on of Corporations Building executive Center Circle assee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp	pany is:
The Culinarian, LLC	
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2666 Pickett Downs Drive Chuluota, FL 32766	2666 Pickett Downs Drive Chuluota, FL 32766

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:

Vernon P	rice
	Name
2666 P	ickett Downs Drive
	Florida street address (P.O. Box NOT acceptable
Chuluota	₅₇ 32766

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)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Vernon Price
	2666 Pickett Downs Drive
	Chuluota, FL 32766
	MA -

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 23, 2011. (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 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.)

Vernon Price

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)