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(Requestor's Name)

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(Business Entity Name)

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EFFECTIVE DATE 12-9-11

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 19 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIBBEAN DISHES 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:

MARLIN SAMMS
Name of Person

CARIBBEAN DISHES LLC
Firm/Company

6227 INTERNATIONAL DRIVE
Address

ORLANDO FL 32819
City/State and Zip Code

CARIBBEANDISHES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

MARLIN SAMMS at (407) 361 1295
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 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:

CARIBBEAN DISHES 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:

6227 INTERNATIONAL DR
ORLANDO FL 32819

Mailing Address:

SAME

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:

MARLIN SAMMS

Name

6227 INTERNATIONAL DR

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

ORLANDO FL 32819

City, State, and Zip

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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.

Marlin Samms

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

MARLIN SAMMS

6227 INTERNATIONAL DR
ORLANDO FL 32819

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STATE
ALABAMA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12 - 09 11. (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.)

MARLIN SAMMS

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)