

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. randy's barbeque & catering services, Ilc

Certificate of Status	0
Certified Copy	1
Page Count	03
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A. LUNT

JAN 17 2011

EXAMINER

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Corporate Filing Menu

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1/13/2012

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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MONAUS MALLORANAS E CALPRINA SPRINAS	115.
Randy's Barbeaue & Catering Services, (Mand and with the words "Liabled Liability Company," "L.E. Jor "L.E.")	
frame and any and an arrangement and an arrangement and arrangement and arrangement and arrangement and arrangement and arrangement arrang	

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:			•
Apt A-403 Cutler BAY, 2L 33157	1110 SW 1964 St ADT A-403 Ciller Boy Fla , 33157	MLLAHA	2012 JAN	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot surve as its own Register butiness entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another	SEE.	ယ် သ	F
The name and the Florida street address of the re- Randy MOSICI Name	gistered agent aro:	FLORIBATE	N TO	C
Plorida street address (P.O. B				

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 Asput's Signature (REQUIRED)

City State, and Zip

(CONTINUED)

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Xitic: "MGR" = Manager	Name and Address:
"MORM" - Managing Member	•
"MGB"	Randy Mosley 11110 80 1916 St Apl A-403 Cutter how Fla 33152
"MGRM"	Michelle Fletcher 1110 SW 1967 St AAA A-403 Caler Day En 33159
	2012 JAN
(Use attachment if necessary)	
LE V: Effective date, if other than Nective date is listed, the date mu days after the date of filing.)	ist be specific and cannot be more than five business days prior 📑 🚆
REQUIRED SIGNATURE:	I alle Aletchesember or an authorized representative of a member.

Filing Feet

\$125.00 Filing Fee for Articles of Organization and Designation
at Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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Ile Fletcher Typed or printed name of signee

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