

L12000040748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L1200004402

Office Use Only



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03/12/12--01008--032 **160.00

FILED
12 MAR 22 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 23 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2012

WILGUINSON ABRAHAM
PO BOX 620275
OVIEDO, FL 32762-0275

SUBJECT: ABRAHAM FAMILY CATERING LLC
Ref. Number: W12000014402

FILED
12 MAR 22 AM 11:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for ABRAHAM FAMILY CATERING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 12, 2012. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 512A00009174

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abraham Family 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:

Wilguinson Abraham

Name of Person

Abraham Family Catering LLC

Firm/Company

PO BOX 620275

Address

OVIEDO FLORIDA 32762-0275

City/State and Zip Code

whyzowl@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilguinson Abraham

Name of Person

at (321) 262-2789

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Abraham Family 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:

Abraham Family Catering LLC
902 Copenhagen Way
Winter Garden FL 34787

Mailing Address:

Abraham Family Catering LLC
PO BOX 620275
OVIEDO FLORIDA 32762-0275

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:

Wilguinson Abraham

Name

902 Copenhagen Way

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

Winter Garden

FL

34787

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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12 MAR 22 AM 11:30
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TALLAHASSEE, FLORIDA

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

Name and Address:

MGR

Wilguinson Abraham

291 Wilson Ave

OVIEDO FLORIDA 32765

MGRM

Natasha Abraham

291 Wilson Ave

OVIEDO FLORIDA 32765

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12 MAR 22 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 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.)

Wilguinson Abraham

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)