

8/16/12

L12000105852

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : HUBCO
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Catering Sisters LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

12 AUG 16 AM 7:30

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

AUG 17 2012

T. HAMPTON

H12000206153

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Catering Sisters 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:

1086 S.E. Piggyback Road

1086 S.E. Piggyback Road

Arcadia, FL 34266

Arcadia, FL 34266

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Debra Gilmore

Name

10557 N.W. Lily Cty Line Street

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Ona, FL 33865

(City / State / 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.

Debra Gilmore

Registered Agent's Signature - Debra Gilmore

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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:

Title:

Name and Address:

"MGR" - Manager

"MGRM" - Managing Member

MGRM

Cathleen Roberts - 1086 S.E. Piggyback Road, Arcadia, FL 34266

MGRM

Debra Gilmore - 10557 N.W. Lily City Line Street, Ona, FL 33865

(Use attachment if necessary)

REQUIRED SIGNATURE:

Cathleen Roberts
Signature of a member or 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.)

Cathleen Roberts

Typed or printed name of signee

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