# 113000114743

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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(850) 245-6051.

# **COVER LETTER**

TO:

Registration Section
Division of Corporations

Clean Cuisine, 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:

Michael Fetherston	
Name of Person	
Clean Cuisine	
Firm/Company	
2713 NE 15th St	2013 EALL
Address	
Ft Lauderdale, Fl 33304	12 K
City/State and Zip Code	5,17 2
michael_fetherston@yahoo.com	Si - C
E-mail address: (to be used for future annual report notification)	92

For further information concerning this matter, please call:

Michael Fetherston	954	270-9169
Name of Person	Area Cod	e & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Fi

□\$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

mpany, "L.L.C.," or "LLC.")  pal office of the Limited Liability Cor  ailing Address:  me as principal address.  ice, & Registered Agent's Signatur  agent. You must designate an individual or another	16 12 PM 1: 02 ::
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(P.O. Box NOT acceptable)	
33304	
nd Zip	
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[] []	P.O. Box <u>NOT</u> acceptable)  33304 d Zip ot service of process for the above statertificate, I hereby accept the appoint

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

MGR & MGRM	Michael Fetherston	<b>一</b>
	2713 NE 15th St #2	- Fig. 2
	Ft Lauderdale, Ft 33304	
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		Resident and the second
	**************************************	
(Use attachment if necessary)		
CLE V: Effective date, if other than the		
effective date is listed, the date mus	t be specific and cannot be n	nore than five business
or 90 days after the date of filing.)		

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.)

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)