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(((H13000226020 3)))



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

| Email Address: | Jynn@lyncotax.com | _ |
|----------------|-------------------|---|
| ,              | 0 0               | _ |

## FLORIDA LIMITED LIABILITY CO.

## Chilli N Spice Indian Cuisine LLC

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

OCT 11 2013

H13000226020

## ARTICLES OF ORGANIZATION

|  | FOR '                                  |
|--|--|
| FLORIDA LIMITED  | LIABILITY COMPANY                      |
| ARTICLE I - Name The name of the Limited Liability Company is: Chilli N Sp   |  |
| ARTICLE II - Address   |  |
| The mailing address and street address of the principal office of  | of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address:                       |
| 9215 Southern Breeze Drive   | 9215 Southern Breeze Drive             |
| Orlando, FL 32836  | Orlando, FL 32836                      |
|  |  |
| ARTICLE III - Registered Agent, Registered Off<br>The name and Florida street address of the registered agent and<br>Meanu Gill  |  |
|  | Name                                   |
| 9215 Southern Br   | eeze Drive                             |
| (P.O. Box or   | r Mail Drop Box <u>NOT</u> Acceptable) |
| Orlando, FL 3283   | 6                                      |
| ţ  | (City / State / Zip)                   |
| at the place designated in this certificate. I hereby accept capacity, I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation Chapter 608, F.S. |  |
| Registered Agent's Signature - M   | leenu Gill                             |

Page 1 of 2

| ARTICLE IV - Manager(s) of The name and address of each Ma   | or Managing Member(s):  H13000226020  nager or Managing Member is as follows:   |
|--|---|
| <u>Fitle:</u><br>"MGR" = Manager<br>"MGRM" = Managing Member | Name and Address:   |
| MGRM   | Meenu Gill - 9215 Southern Breeze Drive, Orlando, Ft. 32836   |
|  |   |
| Use attachment if necessary)                                 |   |
| REQUIRED SIGNATURE:  |   |
| Signature  | of a member or authorized representative of a member.   |
| ( In accorda<br>document c                                   | nce with section 608.408(3), Florida Statutes, the execution of this onstitutes an affirmation under the penalties of perjury that the facts a are true.) |
|  | Meenu Gill  |
|  | Typed or printed name of signee   |