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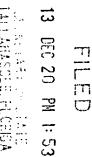
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Office Use Only



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(850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: M.A.M. Catering Food Services 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: ASIENC Alexandre Name of Person 4.A.M. Catering Food Services LLC Firm/Company 5836 Citand Canyon Dr. Address Orlando, Fl 32810 City/State and Zip Code ASIENE 2003(Cyychcu). Com E-mail address: (to be used for luture funnual report notification) For further information concerning this matter, please call: ASIENE Alexandre Name of Person at (862, 216-1525 Name of Person Enclosed is a check for the following amount: \$\$125.00 Filling Fee \$\bigcit{\text{S125.00}}{\text{S160.00}}\$ Filling Fee & Certificat Copy (additional copy is enclosed)} Certificate of Status & Certified Copy (additional copy is enclosed)	
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: ASIENC Alexandre Name of Person ASIENC Food Services LLC Firm/Company 5836 Citand Canyon Dr. Address Orlando, FI 32810 City/State and Zip Code ASIENCE 2003 Cychow. Com E-mail address: (to be used for luture tunnual report notification) For further information concerning this matter, please call: ASIENCE Alexandre Name of Person at (Bl2) 216-1525 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\$125.00 Filing Fee \$\$130.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed) Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy	
Please return all correspondence concerning this matter to the following: ASIENC ALEXANDRE Name of Person LA.M. Catering Food Services LLC Firm/Company 5836 Citand Canyon Dr. Address Orlando, FI 32810 City/State and Zip Code ASIENE 2003(20 4/24)(20). Cony E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ASIENE ALEXANDRE Name of Person at (862) 216-1525 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\$125.00 Filing Fee \$ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy	SUBJECT: H.A.M Catering Food Scrvices LLC Name of Limited Liability Company
Aslene Alexandre Name of Person 14.A.M. Catering Food Services LLC Stirm/Company 5836 Citand Canyon Dr. Address Orlando, Fl. 32810 City/State and Zip Code Aslene 2003 (Cayanco). Com B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aslene Alexandre Name of Person at (862) 216-1525 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$\$125.00 Filing Fee \(Certificate of Status \(Certified Copy \) (additional copy is enclosed) Certified Copy	The enclosed Articles of Organization and fee(s) are submitted for filing.
Name of Person 14. A. M. Catering Food Services LLC Sirm/Company 5836 Cacand Canyon Dr. Address Orlando, Fl. 32810 City/State and Zip Code Aslene 2003(Dychov). Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aslene Alexandre Name of Person at (862) 216-1525 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Please return all correspondence concerning this matter to the following:
Firm/Company 5836 Catand Canyon Dr. Address Orlando, Fl 32810 City/State and Zip Code Aslane 2003 (Cyychox). Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aslene Alexandre at 862 216-1525 Name of Person at 862 Daytime Telephone Number Enclosed is a check for the following amount: S125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Aslene Alexandre Name of Person
Address Orlando, Fl 32810 City/State and Zip Code AGLENE 2003 (Cychox). Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ASlene Alexandre at 862 216-1525 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{1}{2}\$125.00 Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy	14.A.M Catering Food Services LLC
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For further information concerning this matter, please call: ASIENE AEXCIDETE Name of Person at (862) 216-1525 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\square{1}\$\$\$125.00 Filing Fee \$\square{1}\$	Aslene 2003 @ yahoo. Com
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\$125.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \)	Aslene Alexandre at (862) 216-1525 Name of Person Area Code & Daytime Telephone Number
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed is a check for the following amount:
	Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

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

The name of the Limited Lia	bility Company is:		
M.A.M Cat	ering Food	d Services LL ty Company, "L.L.C.," or "LLC.")	. <u>C</u>
ARTICLE II - Address: The mailing address and stre	et address of the pri	incipal office of the Limited L	iability Company is:
Principal Office Address:		Mailing Address:	
5836 Grand C Orlando, Fl 32810	anyon Dr.		
ARTICLE III - Registered (The Limited Liability Company cann business entity with an active Florida	ot serve as its own Registe	Office, & Registered Agent ered Agent. You must designate an indi-	's Signature: vidual or another
The name and the Florida str	eet address of the re	egistered agent are:	
_ M	arlene \	lisaint	20 20 48888
583	66 Grand Co	ress (P.O. Box NOT acceptable)	PLERBO
	Orlando	FL 32810 te, and Zip	<i>™</i>
liability company at the p registered agent and agree all statutes relating to the and accept the obligations	place designated in the to act in this capaci proper and complete of my position as reg	accept service of process for the his certificate, I hereby accept ity. I further agree to comply very performance of my duties, and gistered agent as provided for	the appointment as with the provisions of all I am familiar with
/Re _l	gistered Agent's Signati	are (REQUIRED)	

(CONTINUED)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Aslene Alexandre 5836 Grand Canyon Dr. Orlando, Fl 32810
MGR	Marlene Vilsaint 5836 Grand canyon Dr. Orlando, Fl 32816
MGRM	Obelto Cherubin 5231 Lorilaun Dr. Orlando, Fl 32818 = =================================
	DEC 20
(Use attachment if necessary)	ELEGATION C
ICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)

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.)

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)