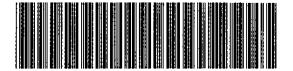
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(Requestor's Name)
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## COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Suncoast Foo	d True ed Liability Com	KS Pub.	6 bru	<u>b L.</u> L	رد
The enclosed Articles of	f Organization and fee(s) are	submitted for fili	ng.			
Please return all corresp	ondence concerning this matt	er to the followin	ıg:			
<del></del>	Andrew S	Name of Person				<del></del> -
		Firm/Company				<del></del>
250	5 Manatee	Avenue	E EAST			
Bra	denton. Fu	34208		<del></del>		
info	Suncoast fo E-mail address: (to be used i	od true for future annual re	KS. COM port notification)			
	concerning this matter, please				•	
Andrew S	See Jey of Person	at ( 941) Area Co	de & Daytime Telep	9787 Dhone Numbe	en. 	
Enclosed is a check fo	or the following amount:	: :				
I\$125.00 Filing Fee	Certificate of Status	Certified C		Certificat Certified	te of Status	ક દેષ્ટ
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 E	Courier Address ation Section no Corporations Building xecutive Center Casee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ŕ	}		
Surcoast Food Tru (Must end with the words"	Limited Liability Comp		L.C
ARTICLE II - Address: The mailing address and street address	s of the principal	office of the Limited L	iability Company is:
Principal Office Address:	<u>Mai</u>	ing Address:	
2505 Manatee Ave EAS Bradenton, Fl. 34208	† 25 3ra	005 Manatce A denton, FL 342	ve EASt
ARTICLE III - Registered Agent, I (The Limited Liability Company cannot serve as business entity with an active Florida registration)	ts own Registered Age	e, & Registered Agent'	s Signature: idual or another
The name and the Florida street addre	ess of the register	ed agent are:	
Blalock	5 ← Watt	ers	
802 114 Flor	Street da street address (P.	Uest  O. Box NOT acceptable)	
Bradent	·	34205	
Having been named as registered ag liability company at the place desi registered agent and agree to act in all statutes relating to the proper at and accept the obligations of my pos	gnated in this cer this capacity. I fi nd complete perfo	ificate, I hereby accept t irther agree to comply w rmance of my duties, and	he appointment as ith the provisions of I I am familiar with
	gent's Signature (RE	QUIRED)	FII 14 JAH I SEORITAN TALLAHAS
	CONTINUED) Page 1 of 2		
,			

6R	Andrew Seeley
	Bradenton, FL 34209
ive date is listed, the date must b	ate of filing: (OPTIONA be specific and cannot be more than five busines
0 days after the date of filing.)  OUIRED SIGNATURE:	
DUIRED SIGNATURE:	or an authorized representative of a member.
Signature of a member of a mem	or an authorized representative of a member.  18(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. Ion submitted in a document to the Department of State