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MODELLARY COSTAGE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Slainte Name of Li	Empire LLC mited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	natter to the following:
Andrew	Seeley
,	Name of Person
	Firm/Company
2505 Manatee	Avenue EAST
	Address
Bradenton, FL	34208
	City/State and Zip Code Cood Trucks. Com ed for future annual report notification)
For further information concerning this matter, ple	·
Andrew Seeley Name of Person	at (941) 209- 9787 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	:
□\$125.00 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	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 Corporation 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

ARTICLE I - Name: The name of the Limited Liability Con	mnany ie:	
The name of the Emitted Liability Con	ilipany is.	
Slaint	e Empire, LL	\mathcal{C}
(Must end with the words	imited Liability Company, "L.L.C.," or "LLC	")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Lim	ited Liability Company is
Principal Office Address:	Mailing Address:	
2505 Manatec Ave EAST Bradenton, FL 34208	Bradenton, FL	e Ave East 34208
ARTICLE III - Registered Agent, I (The Limited Liability Company cannot serve as it business entity with an active Florida registration	s own Registered Agent. You must designate	Agent's Signature: an individual or another
The name and the Florida street addre	ss of the registered agent are:	
Blalock	Name Name	, ·
802 11th	Street WCSt da street address (P.O. Box <u>NOT</u> accepta	ble)
Bradenti	City, State, and Zip	
Having been named as registered age liability company at the place desig registered agent and agree to act in all statutes relating to the proper an and accept the obligations of my pos	gnated in this certificate, I hereby a this capacity. I further agree to cor id complete performance of my duti	ccept the appointment as nply with the provisions o, es, and I am familiar with
11/1	(AM)	55 1
Registered Ag	ent's Signature (REQUIRED)	
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Ć	CONTINUED)	
	Page 1 of 2	58 T 88 X

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		3
MGR	Andrew Seeley 320 60th Street W. Bradenton, FL 34209	
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	Mark Control of the C	
		
(Use attachment if necessary) CLE V: Effective date, if other than the	e date of filing:	(OPTIONA
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)	date of filing: be specific and cannot be more than f	(OPTIONA
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than f	ive busines
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