

L14000008569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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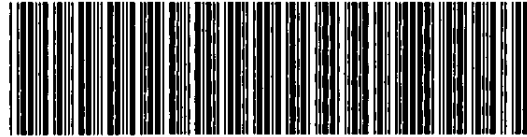
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHEF d'OEUVRES CATERING L.L.C.
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

DEMICHAEAL ALEXANDER SCOTT

Name of Person

CHEF d'OEUVRES CATERING LLC

Firm/Company

9401 Bud Wood Street

Address

GOVIA, FLORIDA 34734-5031

City/State and Zip Code

chefdemichaelscott@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEMICHAEAL A. SCOTT

Name of Person

at (407) 257-8895

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHEF d'OEUVRES CATERING LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9401 Bud Wood Street
Gotha, Florida 34734-5031

Mailing Address:

9401 Bud Wood Street
Gotha, Florida 34734-5031

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DEMICHAEL A. SCOTT
Name

9401 Bud Wood Street
Florida street address (P.O. Box **NOT** acceptable)

Gotha FL 34734-5031
City, State, and Zip

13 OCT 23 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Demichael A. Scott
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGRM"

MARK DOUGLAS JONES
3115 CASTAWAY LANE Apt. 4-309
OVIEDO, FLORIDA 32765

"MGRM"

Andrew A. Solomon
2642 LITTLE HILLCOE
OVIEDO, FLORIDA 32765

"MGRM"

STEPHANE SAINT PIERRE
1424 WEST HOLDEN AVENUE
ORLANDO, FLORIDA 32839

"MGRM"

DAVID BOWERSOCK
6298 RIVER RUN PLACE
ORLANDO, FLORIDA 32807

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/07/2014 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

DEMICHAEL A. SCOTT

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)