## L14000034260

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Food Truck Finder 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:
Ashleigh Sleiman Name of Person
Firm/Company
1 Sleiman Pkwn Addross
Jax, FL 32216. City/State and Zip Code
A SLEIMAN @ Sleiman. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Asheigh Sleiman at (904) 219-5685  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Food Truck Find	er LLC. iability Company, "L.L.C.," or "LLC.")
(iviusi ena with the words   Linthea E	nationally Company, E.E.C., or EEC.
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7236 St Augustine Rd	1 Sleiman Pkwy
Jax, FL 32217	Jax, FL 32216
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.  The name and the Florida street address of the registered a harmony hasher Name  7236 St August- Florida street address (P.O. Box Name)	egistered Agent. You must designate an individual or ) gent are:
To V	- マンコ
City	Zip SS =
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company al the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance stations of my position as registered agent as provided for in r 605, F.S

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Ashleigh Sleiman
	1 Sleiman PKWY
MGR	Anthonytashem
	7236 St. Avoustine Rd
MGR	Jak, FL 32217
MGP	Anthony Weisman
	74 West 14th 51 BB
	Aflantic Bch, FL 32233
MGR	CI = 0
<u> </u>	Shane Campbell 3/64 SW Marco Ln
	Palm City, FL 34990
	<del></del>
(Use attachment if necessary)	
•	date of filing: (OPTIONAL)
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