## 4000110016

(Re	equestor's Name)	
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
•	-	
Special Instructions to	Filing Officer:	
'	•	

Office Use Only

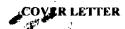


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SMM 7/11/101



TO:	Registration Division of	r Section Corporations		
SUBJ	ECT: <u>Chef</u> I		mited Liability Company	
The er	sclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Ted Jam	eson Dorsey	Name of Person	<del></del>
	Chef Ted	d Dorsey	Firm/Company	
	4834 Alc	azar Way	Address	
	St. Peter	sburg, Florida 33712	City/State and Zip Code	
ta	stetheseason	@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fu	ther informatio	n concerning this matter, ple	ase call:	
Ted C	Oorsey Nar	ne of Person	813 727-0628 Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
□ \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 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 1 - Name: The name of the Limited Liability Company is:	
Chef Ted LLC	
(Must end with the words "Limite	ed 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:	Mailing Address:
4834 Alcazar Way	4834 Alcazar Way
St. Petersburg, FI	St. Petersburg, Fl
33712	33712
another business entity with an active Florida registrati	n Registered Agent. You must designate an individual or ion.)
The name and the Florida street address of the registere	d agent are:
Lauren O'Donnell	**************************************
Nam	ie
4834 Alcazar Way	
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)
St Petersburg	FL 33712
City	Zip
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this s of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in pter 605, F.S.
Registered Agent's Sign	Domill Hature (REQUIRED)
(CONTIN	
	PH 3: 02

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Ted Jameson Dorsey	-
		<del>-</del> -
MGR	Lauren O'Donnell	_
		<b>-</b> 
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		-
		_
		<u>-</u>
<i>a</i>		_
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