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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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TALL AHASSEE, FLORID

H. Shuce My. Tally

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Fresh Plates LLC.</u> Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Celestino Dilibero	Name of Person	
	Fresh Plates on the Commons Cu	isine and Bar Firm/Company	
	8409sw 80th street	Address	
	nefrandalwhite@gmail.com	City/State and Zip Code Fresh • Verde • Pomoced for future annual report notificates	doro Obmail. Com
		352) 266-2875	lephone Number
_	sed is a check for the following amount: 00 Filing Fee \$\alpha\$\$ \$\sum \$130.00\$ Filing Fee & Certificate of Status	E\$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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Fresh Plates LLC.			
(Must end with the words	"Limited Liability Company, "L.L.C.," o	r "LLC.")
ARTICLE II - Addre The mailing address a		incipal office of the Limited Liability Co	mpany is:
Principal Office Add		Mailing Address: C E le STINO D	iLibero
8409sw 80th street 7095 SW OCALA, F	Ocala FI 34481 115th Loop FL 34476	9409sw 60th street Ocala 7095 S ω\ 115	100P Ocala, FL. 34-7
(The Limited Liability another business entited			signate an Adividuator
The name and the Pio	Celestino Dilibero	egisiered agent are.	SE -
	ODIOGRADO DIRECTO	Name	COF S
7095	sw 115th loop Florida street address (P.O. Box <u>NOT</u> acceptable)	H L: 25 FLORIDA
•			
•	Ocala	FL 34476	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:	
'AMBR" = Authorized Membe	T	
'MGR" = Manager		
MGR	Celestino Dilibero	_
	7095 sw 115th loop	
	Ocala FI 34476	-
MGR	Randal White	
IVIQIV.	8193sw 122nd ave	
	Dunnellon Fl 32232	<u> </u>
	Daimonor 11 02202	_ _
	主 管	
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(Use attachment if necessary) EV: Effective date, if other than ective date is listed, the date must filling.)	the date of filing: October 29th 2014 (OPTIONAL) ust be specific and cannot be more than five business days prior to o	— <u>4.</u> 1
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