

L150000017073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

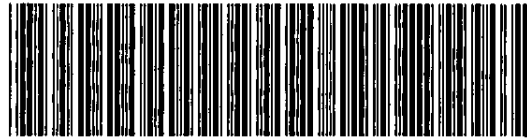
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



100268119341

01/15/15--01019--008 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN 15 PM 2:45

FILED

JAN 29 2015

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CUISINE LAKAY RESTAURANT, 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:

YVONNE MAREUS

Name of Person

Firm/Company

119 W SUNRISE BLVD

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

GAWENS4525@yahoo.com

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

For further information concerning this matter, please call:

YVONNE MAREUS

Name of Person

at ( 954 ) 479-1014

Area Code & Daytime Telephone Number

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  
(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**  
**OF**  
**CUISINE LAKAY RESTAURANT, LLC**

**FILED**  
15 JAN 15 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being a member and authorized representative of **CUISINE LAKAY RESTAURANT, LLC**, a Florida limited liability company, hereby executes and adopts the following Articles of Organization pursuant to the Revised Statutes Florida Limited Liability Company Act, Chapter 605, and 605.0201, Florida Statutes, to be effective as of **FEBRUARY 2, 2015**.

**ARTICLE I – Name:**

The name of the limited liability company is **CUISINE LAKAY RESTAURANT, LLC**.

**ARTICLES II – Address:**

The mailing address and street address of the principal office of the limited liability company is 119 W. Sunrise Blvd, Fort Lauderdale, FL 33311

**ARTICLES III- REGISTERED AGENT:**

The name of the limited liability company's registered agent is **Yvonne Mareus** who the mailing address shall be the same as the principal office of the limited liability company.

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 605, F.S.

Registered Agent Signature:

*Yvonne Mareus*


Date:

1/9/15

**ARTICLE IV – MANAGEMENT:**

The name of the person authorized to manage and control the Limited Liability Company is:

**Yvonne Mareus**, Title: MGR and the mailing address shall be the same as the principal office of the limited liability company.

Signature of member:  Date: 1/9/15

**ARTICLE V- PURPOSE:**

The purpose for which this Limited Liability Company is organized is for:

**ANY AND ALL LAWFUL BUSINESS.**

**SIGNATURE:**

In accordance to with section 605.0203 (1)(b), 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.

