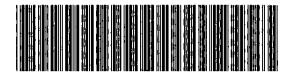
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: APP CUISINE, LLC	lame of Limited Liability Company
•	and of Emmed Enablisy Company
The enclosed Articles of Organization a	nd fee(s) are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
CHRIS PAVLOU	Name of Person
	Author of A Cason
APP CUISINE, LLC	Firm/Company
	1 IIII Company
1451 W. CYPRESS CRE	EK ROAD. SUITE 300 Address
	Aduress
FORT LAUDERDALE. FI	_ 33309 City/State and Zip Code
	City/State and Zip Code
ADMIN@APPCUISINE.COM E-mail address	(to be used for future annual report notification)
For further information concerning this	matter, please call:
CHRIS PAVLOU Name of Person	
Enclosed is a check for the following an	nount:
□ \$125.00 Filing Fee □ \$130.00 Filing Certificate o	
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
APP CUISINE, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC."
ARTICLE II - Address: The mailing address and street address of the principal off	
Principal Office Address:	Mailing Address:
1451 W. CYPRESS CREEK ROAD SUITE 300 FORT LAUDERDALE, FL 33309	1451 W. CYPRESS CREEK ROAD SUITE 300 FORT LAUDERDALE, FL 33309
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
CHRIS PAVLOU Name	A CONTRACTOR OF THE PROPERTY O
1451 W. CYPRESS CREEK R Florida street address (P.O. Box)	
FORT LAUDERDALE	FL 33309
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in or 605, F.S
Registered Agent's Signatu	rre (REQUIRED)
(CONTINUE	(D)

Page 1 of 2

<u>[itle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager MGR	CHRIS PAVLOU 1451 W. CYPRESS CREEK ROAD, SUITE 300 FORT LAUDERDALE, FL 33309
	The Section of the Se
Use attachment if necessary)	TO T
Obe templification in the country)	
EV: Effective date, if other than the date	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the date of ctive date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the date of ctive date is listed, the date must be spe f filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the date ctive date is listed, the date must be spe filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men (In accordance with section 60: constitutes an affirmation under I am aware that any false inform	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days more or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of
E V: Effective date, if other than the date ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men (In accordance with section 600 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)