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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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15 JAN 30 AM II: 25

SECRETARY OF STATE
SECRETARY SEE: FLORID

FEB - 9 2015 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Perry's Catering LLC	2.11.122.0	
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Judith F Perry		
	Name of Person	
Perry's Catering LLC	Firm/Company	
566 Murphy Ave		
	Address	
Deltona, FL 32725		
	City/State and Zip Code	
imcdsampson@hotmail.com	d for future annual report notification)	
	·	
For further information concerning this matter, plea	ase call:	
Judith F. Perry at (4	Area Code Daytime Telephone Number	
	•	
Enclosed is a check for the following amount:		,
□ \$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of \$ Certified Copy (additional copy is	Status &
Mailing Address	Street/Courier Address	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(ust end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
	ast one man are man isin	intel Blacking Company, Bislot, or BBC.
ARTICLE II - Address	• •	and a filter of take I instead I inhility Common in
i ne mailing address and	street address of the princip	pal office of the Limited Liability Company is:
Principal Office Addres	ss:	Mailing Address:
566 Murphy Ave		Same
Deltona, FL 32725		Came
ARTICLE III - Registe (The Limited Liability Co		ice, & Registered Agent's Signature: own Registered Agent. You must designate an individuation.)
ARTICLE III - Register (The Limited Liability Coanother business entity v	ompany cannot serve as its	own Registered Agent. You must designate an individuation.)
ARTICLE III - Register (The Limited Liability Coanother business entity very series of the floridate)	Company cannot serve as its with an active Florida registral astreet address of the regist Judith F. Perry	own Registered Agent. You must designate an individuation.) ered agent are:
ARTICLE III - Register (The Limited Liability Coanother business entity very series of the floridate)	Company cannot serve as its with an active Florida registral astreet address of the regist Judith F. Perry	own Registered Agent. You must designate an individuation.)
ARTICLE III - Register (The Limited Liability Coanother business entity value in the Florida)	Company cannot serve as its with an active Florida registral astreet address of the regist Judith F. Perry	own Registered Agent. You must designate an individuation.) ered agent are:
ARTICLE III - Register (The Limited Liability Coanother business entity value of the floridal)	Company cannot serve as its with an active Florida registral a street address of the registral Judith F. Perry	own Registered Agent. You must designate an individuation.) ered agent are: ame
ARTICLE III - Register (The Limited Liability Coanother business entity value in the Florida)	company cannot serve as its with an active Florida registral a street address of the regist Judith F. Perry N 566 Murphy Ave	own Registered Agent. You must designate an individuation.) ered agent are: ame

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..

(CONTINUED)

Page 1 of 2

15 JAN 30 AM II: 25
SECRETARY OF STATE
ASSOCIATION OF THE SECRETARY OF STATE ASSOCIATION OF THE SECRETARY OF

"AMBR" = Authorized Member	Name and Address:
A TOTAL A TABLEM TO THE TOTAL OF	
"MGR" = Manager	
AMBR	Judith F. Perry
	566 Murphy Ave
	Deltona, FL 32725
(Use attachment if necessary)	
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiof filing.) LE VI: Other provisions, if any.	Ciling: (OPTIONAL) ic and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the date of fective date is listed, the date must be specifi of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	ic and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the date of fective date is listed, the date must be specifi of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	ic and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of fective date is listed, the date must be specific of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State
REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE

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