

L15000050945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

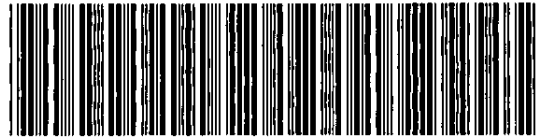
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600265732326

03/25/15--01001--002 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
15 MAR 24 PM 1:10  
FILED  
15 MAR 24 PM 1:25  
RECEIVED  
DEPARTMENT OF STATE  
15 MAR 24 PM 1:25

*[Handwritten signature]* 3/24/15

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fat Mac's Cafe' and Catering L.L.C.  
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:

Lee MG Calvin  
Name of Person

Fat Mac's Cafe' and Catering L.L.C.  
Firm/Company

1226 Kris Kev trail  
Address

Tall. FL. 32310  
City/State and Zip Code

fatmacscafe@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lee MG Calvin at (250) 274-5792  
Name of Person 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fat Mac's Cafe' and Catering L.L.C.  
(Must end with the words "Limited 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:

1226 Kris Kew Trail  
Tall, FL 32310

Mailing Address:

1226 Kris Kew Trail  
Tall FL 32310

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lee McCalvin  
Name  
1226 Kris Kew Trail  
Florida street address (P.O. Box **NOT** acceptable)  
Tall FL 32310  
City Zip

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.

Lee McCalvin  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 MAR 24 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

Teresa L. McCalvin  
1226 Kris Kew Trail  
Tall FL 32310

Lee McCalvin  
1226 Kris Kew Trail  
Tall FL 32310

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Lee McCalvin

Signature of a member or an authorized representative of a member.

(In accordance 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.)

Lee McCalvin

Typed or printed name of signee

**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)

FILED  
15 MAR 24 PM 1:25  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA