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SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 OFP -8 PN 12: 33

T 09/17/15

## **COVER LETTER**

	egistration Section vision of Corporations	
SUBJECT	: What's for Dinner? Name of Limi	A Personal Chef Service, LLC ted Liability Company
The enclose	ed Articles of Organization and fee(s) are	submitted for filing.
Please retur	m all correspondence concerning this matt	er to the following:
	S <sub>1</sub>	wart B. White Name of Person
	Whatis	For Dinner?
	401 NE	23rd Av., Gaine
	Ga	in Prile FL 32601 y/State and Zip Code
_	E-mail address: (to be used for	erchef@amail-com  or future annual deport notification)
For further in	formation concerning this matter, please of	
<u>,</u>	Stewart B. White at (at (at (	252 ) 443-9164 a Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing 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:	
Must end with the words "Limited Liability C	Chef Service, LLC ompany, "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:	Mailing Address:
ra, alman la	
401 NE 23rd Avenue Gainesville, FL 32601	

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

Stewart B. White

Florida street address (P.O. Box NOT acceptable)

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ity State Z

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 satutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as perfect agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each person at	uthorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	A4 .11 A DC 1
AMBR	Martha Auttenberg
	Gainesville FL 32653
AMBR	Vist diffactors
	7008 NW 67th Avenue
	Gainesville, FL 32653
AMBR	Stewart White
	510 NW 24th Street Gainesville FL 32607
	Guinesville, FL 32001
(Use attachment if necessary)	
•	
ARTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
<u>Note:</u> If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as
•	of State's records.
ARTICLE VI: Other provisions, if any.	
n	
REQUIRED SIGNATURE	
Signature of a m	ember or in authorized representative of a member.
I am aware that any fals	teel in accordance with section 605.0203 (1) (b), Florida Statutes. The Department of State
constitutes a third detail	e felopy as provided for in s.817.155, F.S.
Nartho	Truttenbera /
	Typed or printed name of signe

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)