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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lil Mama's Kitchen
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:

Deborah Reshard

Name of Person

Lil Mama's Kitchen

Firm/Company

200 S Doctor MLK Jr Blvd

Address

Daytona Beach 32114 Florida

City/State and Zip Code

DeborahReshard@yahoo.com

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

For further information concerning this matter, please call:

Deborah Reshard 352 213-2195

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

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:

Lil Mama's Kitchen 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:

200 S. Doctor MLK Jr
Blvd, Daytona Beach,
32114, Florida

Mailing Address:

1400 Hancock Blvd
Apt 1014 Daytona Beach
Florida 32114

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:

Deborah Reshner

Name

1400 Hancock Blvd Apt 1014

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

Daytona Beach FL 32114

City

State

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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 SEP 16 AM 12:05
SECRETARY OF STATE
ALLAHAMSSSE
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:

Deborah Reshau

Name and Address:

1400 Hancock Blvd Apt 1014
Daytona Beach Florida
32114

(Attachment if necessary)

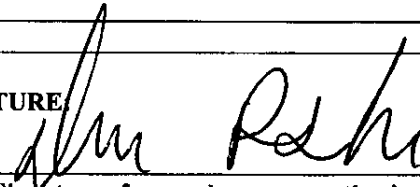
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.
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.

Deborah Reshau

Typed or printed name of signee

- ☒ \$25.00 Filing Fee for Articles of Organization and Designation of Registered Agent
☒ \$ 30.00 Certified Copy (Optional)
☐ \$ 5.00 Certificate of Status (Optional)

Filing Fees:

\$155.00

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DEPARTMENT OF STATE
TALLAHASSEE, FL 32399