L15000183207

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

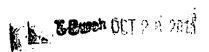


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Wis Lugs

15 OCT 28 PH II: NO



COVER LETTER

	legistration Division of C	Section orporations		
SUBJECT	r: <u>0</u> 1	ur Humble Cat Name of Lin	cring L.L.C.	
The enclos	sed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please retu	ırn all corres	pondence concerning this ma	atter to the following:	
	Je	rmel Humbled	or Huidi Fischle Name of Person	
		·		
		Our Hu	mble Cutering	y L.L.C.
			Firm/Company	
		27 Mol	nawk Trail	
	•		Address	
		Pensacola,	FL 32506 ity/State and Zip Code y Domail. Com Hor future annual report notifica	
	_	C	ity/State and Zip Code	
	<u>()</u> u	E-mail address: (to be used	Y W Oγγγα(. COγγ Hor future annual report notifica	tion)
For further		concerning this matter, plea		
Hai	di Fisc Nam	nler at (850 542-6 Area Code Daytime Tel	382 ephone Number
Enclosed i	s a check for	the following amount:		
] \$125.00 F	iling Fee	S130.00 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)
		ing Address stration Section	Street/Courier Addr Registration Section	<u>ress</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2015

JERMEL HUMBLE 27 MOHAWK TRAIL PENSACOLA, FL 32506

SUBJECT: OUR HUMBLE CATERING L.L.C.

Ref. Number: W15000068551

We have received your document for OUR HUMBLE CATERING L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 415A00021862

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limits			
The name of the Limit	ed Liability Company is:		
		Hering L.L.C.	
ARTICLE II - Addre	ss:	oal office of the Limited Liability Com	
Principal Office Addr	ess:	Mailing Address:	
27 Monauk Ponsacola,	Trail.	27 Mohauk Tra Pensacola, FL 32	506
(The Limited Liability		fice, & Registered Agent's Signature own Registered Agent. You must designation.)	
The name and the Flori	da street address of the regist	tered agent are:	15 OCT 28 SEGM: IAR) ALLAHASSE
		hler	\$ 6 kg A

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ALD 016015368

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
h	
"AMBR" "MGR"	Jernei Humble 27 Monaux Trair Densacola, Fr 32506
MGR"	Heidi Fischler 27 Monaux Traji
	pusacola, FL 32506 5
(Use attachment if necessary)	
	f filing: (OPTIONAL)
effective date is listed, the date must be spec	f filing: (OPTIONAL) reific and cannot be more than five business days prior to or 20 days
effective date is listed, the date must be spec te of filing.)	<u> </u>
effective date is listed, the date must be specte of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 days
effective date is listed, the date must be spectite of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	<u> </u>
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under I am aware that any false inform	cific and cannot be more than five business days prior to or 90 days

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)

Page 2 of 2

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