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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TYTY'S KITCHEN MOBILE CATERING LLCC 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:
DENISE DENNISON Name of Person
DENNISON OFFUD /NC.
, , , , , , , , , , , , , , , , , , ,
3810 NW 171 TER
Address
MIAMI GARDENS, FLA 33055
Mipmi GAGDENS FLA 33055 City/State and Zip Code TYTYSK + Chen G GM And L. (OM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
TYTY'S KITCHEN MOBILE CATERI (Must end with the words "Limited Liability Company, "L.L.C.	NG LL 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: 38/0 NW 171 + FR 38/0 N MIAMI GARDENS FL 33055 MIAMI	Mailing Address: /U/ /7/ 1ER
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa (The Limited Liability Company cannot serve as its own Registered Agent. You must another business entity with an active Florida registration.)	
Having been named as registered agent and to accept service of process for the above stablace designated in this certificate, I hereby accept the appointment as registered agent of further agree to comply with the provisions of all statutes relating to the proper and compart further agree to comply with the provisions of my position as registered agent as provide a manufacture and accept the obligations of my position as registered agent as provide a Registered Agent's Signature (REQ	and agree to act in this capacity. I plete performance of my duties, and I ed for in Chapter 605, F.S
(CONTINUED) Page 1 of 2	16 HAY 27 AM 8: 1 SECRETARY OF SIGNALLAHASSEF FLORE

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
	KIARA BOYKIN	
	3810 NW 171 100 MINNI 1	-7-3 3
150		
CCC	TIAYAN BOYKIN	
<u>CEO</u>	3810 NW 191 ten MANUTE	. 33 75
(F/)		
(Use attachment if necessary)		
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of filing.)	ic and cannot be more than five business days prior to t the applicable statutory filing requirements, this date w	o or 90 da
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