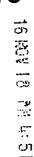
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(Requestor's Name)
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Certified Copies Certificates of Status
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EFFECTIVE DATE

T 11/18/16

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLEX Cortains LLC	
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:	
David Anthony Bailer	
Name of Person	-
FLEX Cotering	·
Firm/Company	•
749 Silver Maple Drive	
Address	 :
T.T. 1 32308	,
City/State and Zip Code	, .
: mail audress: (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 \$	
Certificate of Status — Certified Copy — Certificate of Status (additional copy is enclosed) — Certified Copy	&
(additional copy is encl	osed)
Mailing Address New Filing Section Street Address New Filing Section	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 323 14

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:	
FLEX 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: Mailing Address: 749 Silver Maple Drive Tablahassee, FT 32308 Tallahassee, FT 32308	
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:	
David Anthony Bailey Name 749 Silva Made Drive	
Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32308 City State Zip	
Iaving 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.	
David Dailey (PROLUBER)	
Registered Agent's Signature (REQUIRED) (CONTINUED)	

Page 1 of 2

	Title:	Name and Address:	
	"AMBR" = Authorized Member	·	
	"MGR" = Manager	·	
	·		
			•
	w		•
	MGR	David Anthony Bailey	
	/1(A)		
		749 Silver Maple Drive	•
		Tallahoissee, FL 32308	
			•
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	(Use attachment if necessary)		
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ARTICLE IV-

Page 2 of 2