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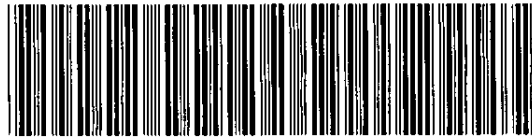
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17 JUL -5 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W1700051974



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2017

LAW OFFICES OF FRITZGERALD FRANCOIS, P.A.  
ATTN: FRITZGERALD FRANCOIS, ESQ  
600 SOUTH DIXIE HWY SUITE 206  
BOCA RATON, FL 33442 US

SUBJECT: SARALY'S CATERING & MULTI SERVICES, LLC  
Ref. Number: W17000051947

We have received your document for SARALY'S CATERING & MULTI SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

JUAN A REYES  
Regulatory Specialist II

Letter Number: 717A00012688

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DIVISION OF CORPORATIONS  
TALLAHASSEE

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** SaRaLy's CATERING & MULTI SERVICES, 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:

FRITZGERALD FRANCOIS, ESQ

Name of Person

LAW OFFICES OF FRITZGERALD FRANCOIS, P.A.

Firm/Company

600 South Dixie Hwy, Suite 206

Address

Boca Raton, Florida 33442

City/State and Zip Code

fgeraldfrancois@yahoo.com

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

For further information concerning this matter, please call:

Fritzgerald Francois      561      417-7131  
Name of Person      at (      )      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:

SaRaLy's, CATERING & MULTI SERVICES, LLC

(Must contain 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:

8908 NW 38th Drive,  
Coral Springs, Florida 33065

Mailing Address:

8908 NW 38th Drive  
Coral Springs, Florida 33065

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:

SABINE H. ALEXANDRE

Name

8908 NW 38th Drive

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

Coral Springs FL 33065

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..*

*Sabine H. Alexandre*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, 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

MGR, President

**Name and Address:**

SABINE H. ALEXANDRE

8908 NW 38th Drive

Corak Springs, Florida 33065

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use 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:**

Sabine H. Alexandre

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

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

SABINE H. ALEXANDRE

Typed or printed name of signee

**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)

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TALLAHASSEE, FLORIDA