

((H17000299358 3)))

17 NOV 13 AM 11:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION
FOR
NATALIE'S TABLE, LLC
a Florida Limited Liability Company

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, *Florida Statutes*, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I
Name

The name of this Company shall be NATALIE'S TABLE, LLC ("the Company").

ARTICLE II
Duration

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III
Mailing Address

The mailing address for the Company is 3742 Country Rose Lane, Apopka, Florida 32703. The street address for the Company is 3742 Country Rose Lane, Apopka, Florida 32703.

ARTICLE IV
Registered Agent and Office

The name and street address of the initial Registered Agent and office for the Company is as follows: THOMAS M. GALLAGHER, 3742 Country Rose Lane, Apopka, Florida 32703.

ARTICLE V
Admission of Additional Members;
Terms and Conditions of such Admissions

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Regulations and Operating Agreement of this Company.

((H17000299358 3)))

((H17000299358 3)))

ARTICLE VI
Right to Continue Business

If, but for the exercise of the right to continue the Company's business, as specified below, the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member in the Company, shall cause the dissolution of the Company, then the business of the Company shall continue (without dissolution) if elected, in writing, within ninety (90) days of the occurrence of such event by any remaining Member.

ARTICLE VII
Management by Members

The Company will be managed by its Members. The name and address of the initial Managing Members are:

ANGELA D. SALAS
3742 Country Rose Lane
Apopka, Florida 32703

THOMAS M. GALLAGHER
3742 Country Rose Lane
Apopka, Florida 32703

ARTICLE VIII
Regulations of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

ARTICLE IX
Informal Action of Members

Any action of the Members may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting and filed with the Company as part of its records.

ARTICLE X
Transferability of Member's Interest

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement.

((H17000299358 3)))

((H17000299358 3)))

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 13th day of November, 2017.

Angela D. Salas
ANGELA D. SALAS

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 13th day of November, 2017, by ANGELA D. SALAS, who (✓ one) ☒ is personally known to me or _____ produced _____ as identification.

(SEAL)

Raymond A. McLeod
NOTARY PUBLIC

Print Name of Notary
My Commission Expires



((H17000299358 3)))

((H17000299358 3)))

STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, I, THOMAS M. GALLAGHER, 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 in Chapter 608, *Florida Statutes*.


THOMAS M. GALLAGHER

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 13th day of November, 2017, by THOMAS M. GALLAGHER, who (✓ one) ☒ is personally known to me or _____ produced _____ as identification.

(SEAL)


NOTARY PUBLIC

Print Name of Notary
My Commission Expires



17 NOV 13 AM 11:16
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

((H17000299358 3)))