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COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJE	CT:Name of Limited Liabilit	у Сотрапу			
The enc	losed Articles of Organization and fee(s) are submitted	for filing.			
Please re	eturn all correspondence concerning this matter to the fo	ollowing:			
	Coral Pleas				
	Name of I	Person ———		-	
	Cheese Pleas LLC				
	Firm/Cor	пралу			
	8429 Honore Avenue			30 70	-
	Addre	:SS	(1) (2)	ص ٔ	-
	Bradenton, FL 34201				E D
	City/State and	-	2	- ㅠ 다	
	coral.pleas@gmail.com E-mail address: (to be used for future at		•	-	
Car Carles	•	muni report notification)			
ror iurme	er information concerning this matter, please call:				
	Coral Pleas 941	266-0953)			
	Name of Person Area Code	Daytime Telephone Number			
Enclose	d is a check for the following amount:				
	Filing Fee \$130.00 Filing Fee & \$155.00 Certificate of Status	0 Filing Fee & S160,00 Filing ed Copy Certificate of Certified Copy (additional copy	Status & y		
	New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building			

Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
	Cheese Pleas LLC		
(Must contai	n the words "Limited l	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limited	Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
, , ,	at, Registered Office,	& Registered Agent.	nt's Signature: You must designate an individual or
ARTICLE III - Registered Agen	at, Registered Office, annot serve as its own tive Florida registration	& Registered Agent. on.)	nt's Signature:
ARTICLE III - Registered Agen The Limited Liability Company conother business entity with an ac	at, Registered Office, annot serve as its own tive Florida registration	& Registered Agent. on.)	nt's Signature:
ARTICLE III - Registered Agen The Limited Liability Company canother business entity with an ac	at, Registered Office, cannot serve as its own tive Florida registration	& Registered Agent. on.)	nt's Signature:
ARTICLE III - Registered Agen The Limited Liability Company canother business entity with an ac	at, Registered Office, cannot serve as its own tive Florida registration	& Registered Agent. Registered Agent. on.) I agent are:	nt's Signature:
ARTICLE III - Registered Agen The Limited Liability Company canother business entity with an ac	at, Registered Office, annot serve as its own tive Florida registration ddress of the registered Coral Pleas	& Registered Agent. on.) I agent are: Name	nt's Signature: You must designate an individual or
ARTICLE III - Registered Agen The Limited Liability Company canother business entity with an ac	at, Registered Office, annot serve as its own tive Florida registration ddress of the registered Coral Pleas	& Registered Agent. on.) I agent are: Name	nt's Signature: You must designate an individual or

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	uthorized Member	
"MGR" = Mat		Coral Pleas
AMBR	50%	5284 Palm Isles Blvd
		Sarasota, FL 34233
		Jana 30(8, 1 E 37233
AMBR	25%	Michael Pleas
		5284 Palm Isles Blvd
		Sarasota, FL 34233
AMBR	25%	Judi Gallagher
		4265 Arrow Court
		Sarasota, FL 34232
		
(Use attachme	nt if necessary)	
	date, if other than the date	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
the date insert nent's effectiv	e date on the Department	neet the applicable statutory filing requirements, this date will not both of State's records.
ment's effectiv	re date on the Department ovisions, if any. SIGNATURE: Signature of a me	of State's records.
the date insert ment's effective E VI: Other pr	SIGNATURE: Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State te felony as provided for in s.817.155, F.S.
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