

L180000288168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

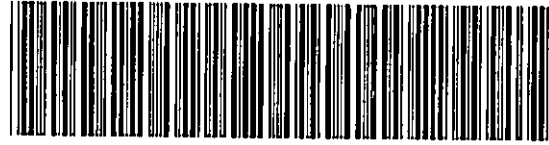
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FALLS CHURCH, VIRGINIA
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DEC 19 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2018

MICHELE SHELLHAMER
215 MAPLE DRIVE
LADY LAKE, FL 32159

SUBJECT: MICHELE'S CUISINE LLC
Ref. Number: W18000107706

We have received your document for MICHELE'S CUISINE 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):

Please complete Article(s) .

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 218A00025671

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Michele's Cuisine 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:

Michele Shellhamer
Name of Person

Michele's Cuisine LLC
Firm/Company

215 Maple Drive
Address

Lady Lake, FL 32159
City/State and Zip Code

mshell@protonmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Shellhamer (502) 645-5234
Name of Person Area Code Daytime Telephone Number

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

MICHELE'S CUISINE 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:

215 MAPLE DR
LADY LAKE FL 32159

Mailing Address:

MICHELE'S CUISINE
215 MAPLE D
LADY LAKE, FL 32159

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:

MICHELE SHELLHAMER
Name
215 MAPLE DRIVE
Florida street address (P.O. Box ~~NOT~~ acceptable)
LADY LAKE FL 32159
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.

Michele Shellhamer
Registered Agent's Signature (REQUIRED)

(CONTINUED)

NOTED
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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

AMBR

Name and Address:

MICHELLE SHELLHAMER
215 MAPLE DRIVE
LADY LAKE FL 32159

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 15 2019 (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:

Michelle Shellhamer

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.

MICHELLE SHELLHAMER

Typed or printed name of signer

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)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
18 DEC 19 PM 7:40
TALLAHASSEE, FLORIDA