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N CULLIGAN APR 18 2019

### **COVER LETTER**

	Division of Corporations
SUBJEC	A la carte Properties, LLC
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Robert L Mencel
	Name of Person
	A la carte Properties
	Firm/Company
	10212 SW 12th Street
	Address
	Pembroke Pines, FL 33025
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
or further	information concerning this matter, please call:
	Robert L. Mencel 786 210-3168
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
<b>]\$</b> 125. <b>0</b> 0	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\text{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:

A la carte Properties,	LLC			
	in the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	ldress of the principal o	ffice of the Limited	Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address:	
10212 SW 12th St		102	12 SW 12th St	
Pembroke Pines, FL 3	33025	Pem	broke Pines, FL 33025	<del></del>
ARTICLE III - Registered Age	•-	& Registered Age	•	_
	cannot serve as its own	& Registered Agent.	nt's Signature: You must designate an individual or	_
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registratio	& Registered Agent. (n.)	•	
(The Limited Liability Company	cannot serve as its own ctive Florida registratio address of the registered	& Registered Agent. (n.)	You must designate an individual or	19 APF
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registratio	& Registered Agent.  Registered Agent.  n.)  agent are:	You must designate an individual or	19 <b>APR</b> 1
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registratio address of the registered	& Registered Agent. (n.)	You must designate an individual or	19 APR 10
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registratio address of the registered	& Registered Agent. Registered Agent. n.) l agent are:	You must designate an individual or	19 APR 10 78
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registratio address of the registered Robert L Mencel	& Registered Agent. Registered Agent. n.) lagent are: Name	You must designate an individual or	19 APR 10 7811:
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registration ddress of the registered Robert L Mencel	& Registered Agent. Registered Agent. n.) lagent are: Name	You must designate an individual or	19 APR 10 3811:44

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:

Title:		Name and Address:		
	uthorized Member			
"MGR" = Ma	nager	Robert L. Mencel		
AMBR	<del></del>	10212 SW 12th St		
		Pembroke Pines, FL 33025		
		Tembroke Tines, FE 33023	<del></del>	
MGR		Sharon Cibene		
<del></del>	<del></del>	10212 SW 12th St		
		Pembroke Pines, FL 33025	19 A A	
			<u> </u>	
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date of filing.) ote: If the date inser	-	eet the applicable statutory filing requirement f State's records.		-
TICLE VI: Other pr	rovisions, if any.			
REOUIRED	SIGNATURE:	MLL		
	This document is executed I am aware that any false in	nber or an authorized representative of a n d in accordance with section 605.0203 (1) (b) information submitted in a document to the D felony as provided for in s.817.155, F.S.	), Florida Statutes.	
	Robert L Mencel			
	KODER I MEDCEL			

as

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)