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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Red Hills CUTERING, LLC Name of Limited	
Name of Limited	Liability Company 2
	; <del>-</del> C
The enclosed Articles of Organization and fee(s) are sub-	
Please return all correspondence concerning this matter to	o the following:
Jason Y	tourn
Na	me of Person
Red Hills	catering LLC
Fi	rm/Company
10850 LUN	a Point Rd.
	Address
Tallahassee	, FL 3231Z
City/St	tate and Zip Code
<u>Red hills calers @ sma</u>	iil. (om
E-mail address: (to be used for fi	
For further information concerning this matter, please call:	
TUSON HOUTH at (350 Name of Person Area C	SSb-3462
Name of Person Area C	ode Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	□\$155.00 Filing Fee & Certified Copy Iditional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section Division
Division of Corporations	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
P.O. Box 6327 Tallahassee, FL 32314	Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Red Hills (atering 1	LC
(Must conatin the words "Limited Liability Comp	
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:
10850 Luna Point Rd Same Tallanassee .FL 32312	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	
TUSON HOUSH	
10850 Luna Point	<u>Rd</u>
Florida street address (P.O. Box No.	OT acceptable)
711/10/00000	72317.

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..

State

Zip

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

Title:			
"AMBR" = Authorized Member			
"MGR" = Manager	Whitney House		
MGR	1065C Wha Point Rd		_
	TOURSE WAY PRIME 160		_
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effective date is listed, the date must	e date of filing: (OPTIC be specific and cannot be more than five business days pr	NAL) ior to or 9	− •0 da;
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)	be specific and cannot be more than five business days present meet the applicable statutory filing requirements, this	ior to or 9	
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  If the date inserted in this block does	be specific and cannot be more than five business days present meet the applicable statutory filing requirements, this	ior to or 9	
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  If the date inserted in this block does become nt's effective date on the Department.	be specific and cannot be more than five business days present meet the applicable statutory filing requirements, this	ior to or 9	
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  If the date inserted in this block does ocument's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days present of the applicable statutory filing requirements, this sment of State's records.	ior to or 9	
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  If the date inserted in this block does ocument's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an constitutes a third	f a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b). Floring false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.	date will n	ot be
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)  If the date inserted in this block does ocument's effective date on the Depart CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an constitutes a third	f a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b). Flority false information submitted in a document to the Departm	date will n	ot be

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)