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| (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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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Blessed Handi Soulfood, Catering & More, 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:

Name of Person

Blessed Hands Soutfood, Catting & More, LLC

Firm/Company

155115th Circle SW, Vero Beach, FL, 32962

Address

Vero Blach, FL, 32962

Katinagibson 829 mail. com

E-mail address: (to be used for future annual perport positication)

For further information concerning this matter, please call:

Name of Person at (172) 501 - 0450

Name of Person Area Code Daytime Telephone Number

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

| ART | recu | FΙ | - Na | me |
|----------------|------|-------|-------|----------|
| 7 1 [7] | | 4 1 4 | - 173 | MARKET - |

The name of the Limited Liability Company is:

2020 JUL 22 PM 3: 28

Blessed Hands Sunfood, Catching & More, Lisecretary of STATE (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---------------------------|-----------------------|
| 1551 15th Circle SW | _1551 15th Circle SW |
| ven Blach, FL, 32962 | Vero Beach, FL, 32962 |
| | |

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:

| Katina | Bibson | |
|--------------------------|------------------------------|------------|
| · | Vame | |
| 155/ 15# | | |
| Florida street address (| P.O. Box <u>NOT</u> a | cceptable) |
| Ven Beac | h FL, | 32962 |
| 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..

(CONTINUED)

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

| | Title: | Name and Address: | |
|------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| | "AMBR" = Authorized Member "MGR" = Manager | | |
| | Nanager | Katina Gibson | |
| | 101101111901 | | <u> </u> |
| | | Vero Black, FL, 32962 | _ |
| | Authorud Mumber | Raliyah Danson | |
| | | 1551 19th arde SW | _ ∑ ≥ |
| | | Uh Beach, Ft, 32902 | 2020 JUL 22 |
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| If an e he date <u>Note:</u> | e of filing.) | not meet the applicable statutory filing requirements, this date will no | |
| ARTIC | LE VI: Other provisions, if any. | / A | |
| | | | |
| | This document is ex | a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State | |
| | constitutes a third d | egree felony as provided for in s.817.155, F.S. | |
| | | Katina Gibsan | |
| | | Typed or printed name of signee | |
| | | - 3820 or printed name of signee | |

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)