

L210000 70437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

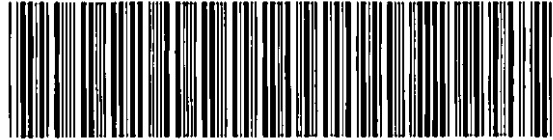
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/19/21--01018--002 **125.00

2021 FEB 19 PM 1:20

2021 FEB 19 PM 1:20

FEB 19 2021

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Taste Creafors Catering 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:

Willie L. Patterson SR

Name of Person

Firm/Company

1853 Rodeo Ct

Address

Tallahassee FL 32311

City/State and Zip Code

Will Patterson 59@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Will Patterson at (850) 322-1958

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Taste Creators Catering LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1853 Rodeo Ct.

Tallahassee, FL 32311

1853 Rodeo Ct.

Tallahassee FL 32311

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or business entity with an active Florida registration.)

and the Florida street address of the registered agent are:

Willie L. Patterson SR

Name

1853 Rodeo Ct

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32311

City

State

Zip

I, as registered agent and to accept service of process for the above stated limited liability company at the time of filing this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I will comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I will accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Willie L. Patterson SR

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Willie L. Patterson SR
1853 Rodeo Ct
Tallahassee FL 32311

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

If the effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.)

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:

Willie L. Patterson SR

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.

Willie L. Patterson SR

Typed or printed name of signee

Filing Fees:

10 Filing Fee for Articles of Organization and Designation of Registered Agent

10 Certified Copy (Optional)

0 Certificate of Status (Optional)