L21000514544

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cii	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



800375237948

TOWN OF STATE

ALI Alimoste, I Ec

2021 DEC -7 PH 4: 17

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

To Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 12/7/2021	PRIORITY Regular Approval	OUR REF_#_(Order_ID#) 978735
ORDER ENTITY CATERING MANAGEMENT LLC		
PLEASE PERFORM THE FOLLO CATERING MANAGEMENT LL Please file the attached articles	C (FL)	
NOTES: \$155.00 Authorized Email address for annual report re	minders: jmarcuscpa@yahoo.com	

If you have any questions please contact me at 656-7956,

Please bill the above referenced account for this order.

ACCOUNT NUMBER: 120050000052

RETURN/FORWARDING INSTRUCTIONS:

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, December 7, 2021 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY DEC -7 PM 14: 17

A	D'T	π,	L F I	L- Na	mo

The name of the Limited Liability Company is:

• •	-
NEOF, STATE OF STATE	ĪΕ

Catering:	Management	LI,	.C

(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:

The name and the Florida street address of the registered agent are:

Joel Marcus		
	Name	
676 W. Prospect Roa	d	
Florida street address	s (Р.О. Вох <u>NOT</u> все	eptable)
Fort Lauderdale	Florida	33309
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.

Reg sered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Roby Tannenbaum 676 W Prospect RD Fort Lauderdale, FL 33309	
AMBR	Danel Valero 676 W Prospect RD Fort Lauderdale, FL 33309	
(II an enective date is listed, the date must be s the date of filing.)	pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed to of State's records.	
ARTICLE VI: Other provisions, if any, The purpose of this company is Catering in Food	d Service.	
Signature of a m This document is execu	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State	
constitutes a third degree	ee felony as provided for in s.817,155, F.S.	ر برد

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)