## 122000032749

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

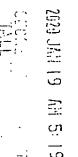
Office Use Only



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## **COVER LETTER**

	w Filing Sec				
	USER XPE	- RIENCE CATERING	, LLC		
SUBJECT:		Name of	Limited Li	ability Company	
The encloses	d Articles of	Organization and fee(s	) are submi	tted for filing.	
		ndence concerning this			
	ROSSI SIEW				
-			Nam	e of Person	
τ	USER XPER	IENCE CATERING, I	LLC		
_			Firm	/Company	
1	11050 SW 17	70th TERRANCE			
_			A	ddress	
1	MIAMI, FL	33157			
-	w		City/Stat	e and Zip Code	
rs	iewna@gma			1	
	E	-mail address: (to be u	sed for futu	re annual report notification	on)
For further inf	ormation con	cerning this matter, pl	ease call:		
R	OSSI SIEW		786 (	457-8854	
•••	Name	of Person		e Daytime Telephone	Number
Enclosed is a	check for th	e following amount:			
<b>富\$</b> 125.00 F	iling Fee	□\$130.00 Filing Fee Certificate of Status	Ce	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fil Divisio P.O. Bo	Address ling Section n of Corporations ox 6327 ssee, FL 32314		Street Address New Filing Section Div The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee et, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	lity Company is:			
USER XPERIENCE (Must con	E CATERING, LLC ntain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
11050 SW 170th TI MIAMI, FL 33157	ERRANCE		50 SW 170th TERRACE MI, FL 33157	
ARTICLE III - Registered Aq (The Limited Liability Compan another business entity with an The name and the Florida stree	y cannot serve as its own active Florida registration	a Registered Agent. on.) d agent are:	You must designate an individual o	г
		Name		
	Florida street addres		cceptable)	
	MIAMI	FL	33157	
		Canan	Zip	
	City	State	Z.ip	

(CONTINUED)

2029 JAN 19 Mil 5: 15

Title:	Name and Address:	
"AMBR" = Authorized Member		
'MGR" = Manager		
MGR	ROSSI SIEWNARINE	
MGX	11050 SW 170th TERRACE	
	MIAMI, FL 33157	
MOD	MALA SIEWNARINE	
MGR	11050 SW 170th TERRACE	
	MIAMI, FL 33157	
Use attachment if necessary)		
ient's effective date on the Denartment	of State's records.	
ent's effective date on the Department VI: Other provisions, if any.		
VI: Other provisions, if any.		
VI: Other provisions, if any.		
VI: Other provisions, if any.  EQUIRED SIGNATURE:		
VI: Other provisions, if any.  EQUIRED SIGNATURE:	ember or an authorized representative of a member.	Statutes.
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me	ember or an authorized representative of a member.	Statutes.
EQUIRED SIGNATURE:  Signature of a me This document is execut I am aware that arry false	ember or an authorized representative of a member. sted in accordance with section 605.0203 (1) (b), Florida information submitted in a document to the Department	Statutes.
EQUIRED SIGNATURE:  Signature of a me This document is execut I am aware that arry false	ember or an authorized representative of a member.	Statutes.
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me This document is execu I am aware that any false constitutes a third degree	ember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida e information submitted in a document to the Department e felony as provided for in s.817.155, F.S.	Statutes.
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Signature of a me This document is execu I am aware that any false constitutes a third degre  ROSSI SIEWNA  \$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	ember or an authorized representative of a member.  Ited in accordance with section 605.0203 (1) (b), Florida is information submitted in a document to the Department if felony as provided for in s.817.155, F.S.  IRINE  Typed or printed name of signee  Filing Fees: Figanization and Designation of Registered Agent	Statutes. t of State
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