12202096191

	(Requestor's Name)
	(Address)
	,
	(Address)
	10th 10th and 17th 17th and 10
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



900383278979

03/09/22--01001--014 **125.00

SLUBE JAKY OF STATE ALLAHASSEE, FLORIO,

FILED
2022 MAR -8 AM II: 51

2022 HAR -8 PH 4:50

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Ketty 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:	
Kelileydis Riveru Name of Person	
Firm/Company	
1707 NW 15th St Ap+#6	
Address	<u>ی</u>
Miani Fl 33125 City/State and Zip Code	99 H.
City/State and Zip Code	æ . I
E-mail address: (to be used for future annual report notification)	x o
For further information concerning this matter, please call:	1999 MAR - 8 AMII: 5
1 <eliley (786)="" 115="" 812-8831<="" at="" td=""><td>2</td></eliley>	2
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S125.00 Filing Fee Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	:d)

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

Ke	14 (qter.) ain the words "Limited Liabi	مع در	- C .	
(Must cont	ain the words "Limited Liabi	lity Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal office	of the Limite	ed Liability Company is:	
Princip	al Office Address:		Malling Addre	255:
1707 NI	N 15th St			
1 1 4 1 14 1	· · · · · · · · · · · · · · · · · · ·			
Apr #6				
ARTICLE III - Registered Age (The Limited Liability Company	cannot serve as its own Regi	egistered Ag		ividual
,	ent, Registered Office, & Registered Serve as its own Registration.) address of the registered agen	egistered Ag istered Agen nt are:	t. You must designate an ind	ividual
ARTICLE III - Registered Agr (The Limited Liability Company another business entity with an a	ent, Registered Office, & Registered Serve as its own Registration.) address of the registered agen	egistered Ag istered Agen nt are:	t. You must designate an ind	ividual
ARTICLE III - Registered Agr (The Limited Liability Company another business entity with an a	ent, Registered Office, & Registered Serve as its own Registration.) address of the registered agentic the serve agentic that the serve a	egistered Agen stored Agen nt are:	t. You must designate an ind	ividual
ARTICLE III - Registered Agr (The Limited Liability Company another business entity with an a	ent, Registered Office, & Registered Serve as its own Registration.) address of the registered agentic the serve agentic that the serve a	egistered Agen istered Agen nt are: Rive me Sth St	t. You must designate an ind	ividua
ARTICLE III - Registered Agr (The Limited Liability Company another business entity with an a	ent, Registered Office, & Registered Serve as its own Registerive Florida registration.) address of the registered agentic for t	egistered Agen istered Agen nt are: Rive me Start Start O. Box NOI	t. You must designate an ind	ividua

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Koltley 1'C Assess
W. IAC ID K	Kettleydis Rivero 1707 NW 1525 F Apr #6 Minnig Fl 33185
	Trot NW 13 5 Apt 46
	Minniff 33125
(Use attachment if necessary)	
EV: Effective date, if other than the date is listed, the date must of filing.)	the date of filing: 03/01/3003 (OPTIONAL) the specific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the date is listed, the date must of filing.)	the specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the cetive date is listed, the date must of filling.) If the date inserted in this block does	the specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the certive date is listed, the date must of filling.) I the date inserted in this block does ment's effective date on the Department.	the specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the certive date is listed, the date must of filling.) I the date inserted in this block does ment's effective date on the Department.	the specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the ective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart. E VI: Other provisions, if any. REQUIRED SIGNATURE:	the specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be timent of State's records.
E V: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Depart. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature	is not meet the applicable statutory filing requirements, this date will not be riment of State's records. Lylia Minuscott
E V: Effective date, if other than the ective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an	the specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be timent of State's records.
EV: Effective date, if other than the fective date is listed, the date must of filling.) If the date inserted in this block does ment's effective date on the Department's effective date on th	Is not meet the applicable statutory filing requirements, this date will not be riment of State's records. Ly /
EV: Effective date, if other than the fective date is listed, the date must of filling.) If the date inserted in this block does ment's effective date on the Department's effective date on th	is not meet the applicable statutory filing requirements, this date will not be attempt of State's records. The property of a member or an authorized representative of a member. The executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State.
EV: Effective date, if other than the fective date is listed, the date must of filling.) If the date inserted in this block does ment's effective date on the Department's effective date on th	Is not meet the applicable statutory filing requirements, this date will not be timent of State's records. Ly 17 Times of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. In the provided for in s.817.155, F.S. Let 1 by 115 Rivero Typed or printed name of signee
E V: Effective date, if other than the ective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is 1 am aware that an constitutes a third.	Is not meet the applicable statutory filing requirements, this date will not be timent of State's records. Ly 1.7 Times of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. In false information submitted in a document to the Department of State it degree felony as provided for in s.817.155, F.S. Exilar 175 Rivero Typed or printed name of signee
E V: Effective date, if other than the ective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is 1 am aware that an constitutes a third.	Is not meet the applicable statutory filing requirements, this date will not be sment of State's records. Ly!'\[\] \[

ARTICLE IV-