Division of Corporations

Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000243620 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: THACHEFSTRAPLLC@GMAIL.COM

# FLORIDA LIMITED LIABILITY CO. ThaChef'sTrap LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H22000243620

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## ThaChef'sTrap LLC

(Must end with 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:

Principal Office Address:

Mailing Address:

4326 Woodstock Drive Apt B West Palm Beach, FL 33409

4326 Woodstock Drive Apt B

West Palm Beach, FL 33409

## 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:

Henry Williams III

Name

4326 Woodstock Drive Apt B

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

West Palm Beach

FL 33409

City

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 agrefamiliar with and accept the obligations of my position as registered agent as provided for in

Registered Agent's Signature (REQUIRED)

Henry Williams III

(CONTINUED)

Page 1 of 2

## H22000243620

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Rodney Green
	4326 Woodstock Drive Apt B
	West Palm Beach, FL 33409
AMBR	Henry Williams III
	4326 Woodstock Drive Apt B
	West Palm Beach, FL 33409
	4-dat-year-
Use attachment if necessary)	
ctive date is listed, the date must t f filing.)	date of filing:
ective date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	a member or sat authorized representative of a member.
REQUIRED SIGNATURE:  Signature of (In accordance with sec constitutes an affirmating a ware that any fall	a member or a authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State tee felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirmation I am aware that any fall	a member or a authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State tee felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of (In accordance with sec constitutes an affirmating I am aware that any fall	a member or a authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)  Rodney Green  Typed or printed name of signce
REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirmation I am aware that any fall	a member or a authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State tee felony as provided for in s.817.155, F.S.)