9/22/22, 3:19 PM

Division of Corporations

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.

(((H22000329272 3)))



H220003292723ABC\$

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.\*\*

Email5Address: DNICEDEVAUGHN@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. T&C Divine Intentions Soul Food LLC PERCOR Certificate of Status 1 SIA(U) Certified Copy 0 - 11 De, 田畫 Page Count N < ? 03 \$130.00 Estimated Charge SIGNATURE

Electronic Filing Menu Corporate Filing Menu

Help

< 132°

 $CE_{\mathbf{f}} =$ 

35.1

H22000329272

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

## **T&C Divine Intentions Soul Food 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:	Matting Address:	
820 Witt Lane	820 Witt Lane	
Cantonment, FL 32533	Cantonment, FL 32533	

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:

Tara Patrice Marioneaux	
Name	;
820 Witt Lane	
Florida street address (P.O. Box	( <u>NOT</u> acceptable)
Cantonment	FL 32533
City	Zip

All Adds

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

The late in our rood I.

The late in our root I.

The late in our root

2 SEP 22 AMII: 39

at 17 Addi

Cir. Section

31

H22000329272

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	Tara Patrice Marioneaux	
AIVIDR	820 Witt Lane	
	Cantonment, FL 32533	<del></del>
		·
AMBR	Caderius Javontae Devaugh	מו
	820 Witt Lane	
	Cantonment, FL 32533	
(Use attachment if necessary)		
(Ose attachment it theresonal)		
LE V: Effective date, if other than the da	ate of filing:specific and cannot be more than five busines	s days prior to or 90 days atter
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)	specific and cannot be more than five busines	s days prior to or 90 days atter
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:	specific and cannot be more than five busines	s days prior to or 90 days atter
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:	specific and cannot be more than five busines	s days prior to or 90 days atter
LE V: Effective date, if other than the date fective date is listed, the date must be strong of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  TO WE Signature of also signatu	Pion Canadauthorized representative of a	member.
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a/a  2.440000000000000000000000000000000000	Priority Tub Carlos busines  Priority Tub Carlos  Bember or an authorized representative of a a 605,0203 (1) (b), Florida Statutes, the execut	member.
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of all all date in a firm action constitutes an affirmation of a signature that any false.	pecific and cannot be more than five busines  Privity VIII Carlo  number or an authorized representative of a a 605.0203 (1) (b), Florida Statutes, the execution ander the penalties of perjury that the facts statisfic the penalties of perjury that the facts statisfic the penalties of perjury that the facts statisfic than the penalties of perjury that the facts statisfic than the penalties of penalties of penalties and penalties of	member.  ion of this document ted herein are true.
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a line of the sound of the sou	pecific and cannot be more than five busines  Privity VIII Carlo  number or an authorized representative of a a 605.0203 (1) (b), Florida Statutes, the execution ander the penalties of perjury that the facts statisfic the penalties of perjury that the facts statisfic the penalties of perjury that the facts statisfic than the penalties of perjury that the facts statisfic than the penalties of penalties of penalties and penalties of	member.  ion of this document ted herein are true.  partment of State
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a line of the sound of the sou	nember or an authorized representative of a a 605.0203 (1) (b), Florida Statutes, the execution authorized in a document to the Defeion as provided for in s.817.155, F.S.)	member.  ion of this document ted herein are true.  partment of State
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a line of the sound of the sou	nember or an authorized representative of a a 605.0203 (1) (b), Florida Statutes, the execution of the penalties of perjury that the facts station submitted in a document to the Defelony as provided for in s.817.155, F.S.)	member.  ion of this document ted herein are true.  partment of State
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a line of the sound of the sou	nember or an authorized representative of a a 605.0203 (1) (b), Florida Statutes, the execution ander the penalties of perjury that the facts station submitted in a document to the Defelony as provided for in s.817.155, F.S.)  Tara Patrice Marioneaux  Typed or printed name of signee	member.  ion of this document ted herein are true.  partment of State
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of all and any false constitutes a third degree of the constitutes at the constitutes	nember or an authorized representative of a disconstitution of perjury that the facts station submitted in a document to the Defelony as provided for in s.817.155, F.S.)  Tara Patrice Marioneaux  Typed or printed name of signee	member.  member.  ion of this document ted herein are true.  partment of State
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a/s  Constitutes an affirmation  I am aware that any false constitutes a third degree	nember or an authorized representative of a a 605.0203 (1) (b), Florida Statutes, the execution ander the penalties of perjury that the facts station submitted in a document to the Defelony as provided for in s.817.155, F.S.)  Tara Patrice Marioneaux  Typed or printed name of signee	member.  member.  ion of this document ted herein are true.  partment of State
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a/r  Constitutes an affirmation of a filing aware that any false constitutes a third degree of a filing aware that a	nember or an authorized representative of a disconstitution of perjury that the facts station submitted in a document to the Defelony as provided for in s.817.155, F.S.)  Tara Patrice Marioneaux  Typed or printed name of signee	member.  member.  ion of this document ted herein are true.  partment of State
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a/s  Constitutes an affirmation  I am aware that any false constitutes a third degree	nember or an authorized representative of a disconstitution of perjury that the facts station submitted in a document to the Defelony as provided for in s.817.155, F.S.)  Tara Patrice Marioneaux  Typed or printed name of signee	member. ion of this document ted herein are true. partment of State
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a/r  Constitutes an affirmation of a filing aware that any false constitutes a third degree of a filing aware that a	nember or an authorized representative of a disconstitution of perjury that the facts station submitted in a document to the Defelony as provided for in s.817.155, F.S.)  Tara Patrice Marioneaux  Typed or printed name of signee	member. ion of this document ted herein are true. partment of State
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a/r  Constitutes an affirmation of a filing aware that any false constitutes a third degree of a filing aware that a	nember or an authorized representative of a disconstitution of perjury that the facts station submitted in a document to the Defelony as provided for in s.817.155, F.S.)  Tara Patrice Marioneaux  Typed or printed name of signee	member.  ion of this document ted herein are true.  partment of State