

L230000687502

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.

((1123000068775 3))



H230000687753ABC5

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 : LEADER ASSOCIATES LLC
Account Number : 120180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

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

Email Address: silvanaus1@gmail.com

**FLORIDA LIMITED LIABILITY CO.
MAMA SIL'S KITCHEN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2023
2 FEB 12: 11
2023 JAN 22 AM 1:45
FILED
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY**

ARTICLE I – NAME

The name of the Limited Liability Company shall be

MAMA SIL'S KITCHEN LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be

1425 WEEPING WILLOW WAY

HOLLYWOOD, FL 33019

The Mailing address of the Limited Liability Company shall be

SAME AS PRINCIPAL

ARTICLE III – REGISTERED AGENT

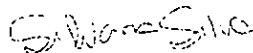
The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

SILVANA SILVA

1425 WEEPING WILLOW WAY

HOLLYWOOD, FL 33019

Having been named as Registered Agent and to accept service of process for the above 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 for in Chapter 605, F.S.



Registered Agent (Signature)

ARTICLE IV – MANAGERS

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

Name: SILVANA SILVA

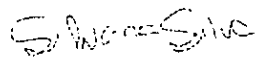
Title: MGMB

Address: 1425 WEEPING WILLOW WAY
HOLLYWOOD, FL 33019

ARTICLE V – EFFECTIVE DATE

Effective date shall be the filing date.

REQUIRED SIGNATURE:



SILVANA SILVA - Member or AMBR

02/22/2023

Date

2023 JAN 22 AM 1:45
TALLAHASSEE, FLORIDA

1 L 1 2