# 13000197494

(Requestor's Name)
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PICK-UP WAIT MAIL
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# COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MESHTAS Southern Cuisine LL C
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
I America Webb Name of Person
Firm/Company
192 Da FFWII C.
City/State and Zip Code  Comes H. A. Debb Q. J. A. Hoo. Comes H. A. Debb Q. D
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

# 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	L
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
192 Daffodil Cr. Tellahassee F1.32305	
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:	7
Name  192 Territo Id Cr.  Florida street address (P.O. Box NOT acceptable)  Allahasse T 32305	TOWN H
City State 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	

(CONTINUED)

# ARTICLE IV-

• • • • •

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	JAMESHIA LOCK 192 DECTTOTICE CT. TATIANASSEC 7 32305
	2023 APR
	70 The 1
(Use attachment if necessary)	84 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
(If an effective date is listed, the date must be the date of filing.)	te of filing:
ARTICLE VI: Other provisions, if any.	
This document is exec I am aware that any fa constitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. dise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  Typed or printed name of signee
	Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30,00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)