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	(Requestor's Name)	· · · · ·
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LI FICK-OF	□ '' ^	L WALL
	(Decision Falls Manne)	· -
	(Business Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

	ew Filing Sec division of Cor			
SUBJECT	r:	Boss Kitc Name of Li	HEN LLC mited Liability Company	
The enclos	sed Articles of	Organization and fee(s) a	re submitted for filing.	
Please retu	ırn all correspo	ondence concerning this n	natter to the following:	
		FRED MAY	NOR JF Name of Person	
		BOSS KITC	HEN LLC. Firm/Company	
	<u></u>	255 51	LVER OAK DRIVE	
		HAVANA	FLORIDA 32333 City/State and Zip Code 10 Jmail. Com	
	Dc5	5 KitChenn	10 Jmail. Com	ion)
				,
ror lurther	IRED M		Nea Code Daytime Telephor	
Enclosed	is a check for t	the following amount:		
□\$125.0	0 Filing Fee	☐\$130.00 Filing Fee Certificate of Status	& □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			2	m

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 SECREDARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
BOSS KITCHEN LL	
(Must contain the words "Limited Liability Co	mpany, "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:
255 SINER OFF DRIVE	JSS SILVER OAK DRIVE HAVANA, FLORIDA 37333
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	red Agent's Signature: Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
AD MAYNO	R Sr

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

HAVANA GLORIDA 32333

City State Zip

Having been named us 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)

FILE III

1023 JUL 12 AH 2: 4:9

ECRETARY OF STATI

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMDR	FRED MAYNOR - 255 SILVER CAK DR. HAVANA, AL 32333.
(Use attachment if necessary)	
effective date is listed, the date must be sp	c of filing:
CLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

FRED MAYNOR

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)