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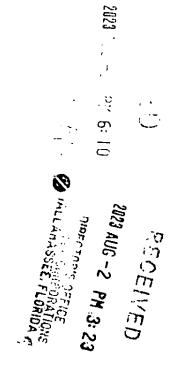
	(Requestor's Name)
	(Address)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Lucy hu Caterin Name of Limited Liabili	ng LLC Ly Company
The enclosed Articles of Organization and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the f	ollowing:
NESIA Chand	Person
hucy hu Cat	ering LLC
123 Monroe Cree	ek Drive
Midway Floria City/State and Ynesia chandler @ O E-mail address: (to be used for future a	lmail, com
For further information concerning this matter, please call:	
NESIA Chandler V, Luxai (850) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certific	i.00 Filing Fee &  Is 160.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)
	Street Address New Filing Section Division

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

	Lucy Lu (	atering:-LC. ity Company,-L.L.C.," or "LLC.")
(Must conta	ain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office o	of the Limited Liability Company is:
Principa	al Office Address:	Mailing Address:
1.1.92.	Bon Bastin R.	d 123 manne Creek Driv
000	DETI DUSTICIN	Midway F1 32343
Buincy	Ben Bostic Ro Fl 32351	d 123 Monroe Creek Drive Midway F1 32343
ARTICLE III - Registered Age	nt, Registered Office, & Registannot serve as its own Regis	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & Registernot serve as its own Registive Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual or t are:
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & Registernot serve as its own Registive Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual or t are:
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Regis ctive Florida registration.)  address of the registered agent  Clinton  Nam	gistered Agent's Signature: stered Agent. You must designate an individual or t are: Chandler ne
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Regis ctive Florida registration.)  address of the registered agent  Clinton  Nam	gistered Agent's Signature: stered Agent. You must designate an individual or t are: Chandler ne
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, & Registernot serve as its own Registive Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual or  t are:  Chandler  ne  all RA
ARTICLE III - Registered Age (The Limited Liability Company	cannot serve as its own Regis ctive Florida registration.)  address of the registered agent  Clinton  Nam  1041  Schwa  Florida street address (P.O.	gistered Agent's Signature: stered Agent. You must designate an individual or  t are:  Chandler  ne  all RA

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	YNESIA Chandler Vieux
	123 Monroe Creek Drive
	midway Fl 32343
	maway 10 92979
***	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
(Use attachment if necessary)	,
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EV: Effective date, if other than the	
EV: Effective date, if other than the ective date is listed, the date must b	date of filing: 8/2/2023. (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 c
EV: Effective date, if other than the ective date is listed, the date must be filing.) the date inserted in this block does re-	e specific and cannot be more than five business days prior to or 90 of not meet the applicable statutory filing requirements, this date will not be
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EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does rement's effective date on the Department. EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is extla am aware that any constitutes a third defined.	not meet the applicable statutory filing requirements, this date will not least of State's records.  The state of State of a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes.

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)