

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L24000403920

9.18.24

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.

((H24000318197 3)))



H240003181973ABC2

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 : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
 Account Number : I20070000019
 Phone : (518)689-1212
 Fax Number : (518)432-0742

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

Email Address: _____

RECEIVED

2024 SEP 18 PM 2:49

SECRETARY OF STATE
 TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
 PROMPT CATERING III - FLORIDA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

24 SEP 18 PM 12:51

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

Articles of Organization
for
Florida Limited Liability Company

ARTICLE I. NAME

The name of the Limited Liability Company is:

PROMPT CATERING III - FLORIDA LLC

ARTICLE II. PRINCIPAL OFFICE

The mailing address and street address of the principal office is:

1141 W MCNAB RD., POMPANO BEACH, FL 33069

Mailing Address: **1141 W MCNAB RD., POMPANO BEACH, FL 33069**

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

ILONA ARONOVICH

1141 W MCNAB RD., POMPANO BEACH, FL 33069

ARTICLE IV. AUTHORIZED REPRESENTATIVE / MANAGER

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

ILONA ARONOVICH, Authorized Member

1141 W MCNAB RD., POMPANO BEACH, FL 33069

September 18, 2024

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.

s/ ILONA ARONOVICH
ILONA ARONOVICH
Registered Agent

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.

s/ ILONA ARONOVICH
ILONA ARONOVICH
Authorized Member

24 SEP 18 PM 12:51

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

FAX COVER SHEET**TO****COMPANY****FAX NUMBER** 18506176381**FROM** Avi Weiss**DATE** 2024/09/18 12:56:52 CDT**RE** NORTH TAMPA LACROSSE, INC.**COVER MESSAGE**

Avi Weiss
Filing Administrator
Corporate Team 5
corporateteam5@rasi.com

Team: 800-906-9220
Main: 888-705-7274



**REGISTERED AGENT
SOLUTIONS INC**
A LEXITAS COMPANY

Registered Agent | Corporate Services
UCC/Lien Services | ComplianceSM | CTAComplySM
Business Licensing | Independent Director

CTAComplySM – Manage Your Beneficial Ownership Filings with Ease

PRIVILEGED AND CONFIDENTIAL.. This email and any files transmitted with it are privileged and confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender. If you are not the named addressee you should not disseminate, distribute or copy this e-mail or any of its attachments.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP 18 PM 12: 51