

L23000028734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

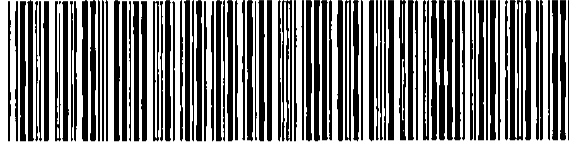
(Business Entity Name)

(Document Number)

Number of Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200388837552

FILED

23 JAN 23 AM 12:34
SECRETARY OF STATE
TALLAHASSEE, FL 32399

01/23/23--01006--022 **130.00



OR DA

2023 JAN 23 PM 1:44

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Yardie cc Caribbean Cuisine LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacey Williams
Name of Person

Firm/Company

30 Sand Pine Cir Midway
Address

FL 32343
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32303

23 JAN 23 AM 12: 34

FILED

For further information concerning this matter, please call:

Stacey Williams at 850 560 5054
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, 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:

Caribbean Cuisine LLC
(Must contain the words "Limited Liability Company," "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:

30 Sand Pine Cir
Midway FL
32343

Mailing Address:

30 Sand Pine Cir
Midway FL
32343

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:

Stacey Williams
Name

30 Sand Pine Cir
Florida street address (P.O. Box NOT acceptable)

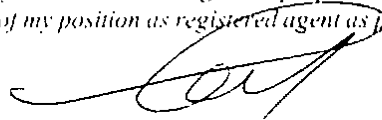
Midway FL 32343
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 JAN 23 AM 12:34

FILED

I, having been named as registered agent and to accept service of process for the above stated limited liability company at the time 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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

Stacey Williams
30 Sand Pine Cir
Midway FL 32343

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
23 JAN 23 AM 12:34

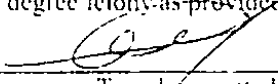
FILED

REQUIRED SIGNATURE:

Stacey Williams _____

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.



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)