

L10 000112975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

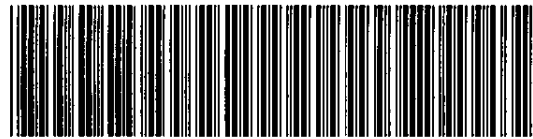
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800187081588

10/28/10--01014--023 **125.00

T. CLINE

OCT 29 2010

EX-1111111

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 AM 10:43

FILED



John T. Driscoll, P.A.

Certified Public Accountant \ MBA

825 SE 3rd Ave, Suite 200

Ocala, FL 34471

Member FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: cpa@jtdriscollcpa.com

October 25, 2010

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for
Cup O' The Irish, LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

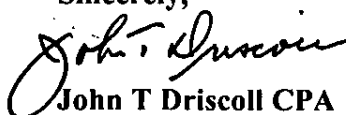
Article of Organization filing fee	<u>\$ 125.00</u>
Total	\$ 125.00

Please forward a stamped copy of the Article of Organization to the below address:

John T. Driscoll C.P.A., P.A.
825 SE 3rd Ave, Suite 200
Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you
should have any questions please call me at (352) 622-5664.

Sincerely,


John T Driscoll CPA

Enclosures

FILED
2010 OCT 28 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
CUP O' THE IRISH, LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

ARTICLE I. - NAME

The name of this limited liability company is:
CUP O' THE IRISH, LLC

ARTICLE II. - MAILING ADDRESS

The mailing address and the principal office address are the same.

**37 PINE CT. DR.
OCALA, FLORIDA 34472**

ARTICLE III. - REGISTERED AGENT

**GARY R DUNSEATH
37 PINE CT. DR.
OCALA, FLORIDA 34472**

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 608, F.S..

Signature


GARY R DUNSEATH
Registered Agent

Date

10/26/2010

FILED
2010 OCT 28 AM 12:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV. – MANAGING MEMBERS

GARY R DUNSEATH
37 PINE CT. DR.
OCALA, FLORIDA 34472

TAMMY M DUNSEATH
37 PINE CT. DR.
OCALA, FLORIDA 34472

ARTICLE V. - TERMS OF EXISTENCE

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be **NOVEMBER 1, 2010**

Signature

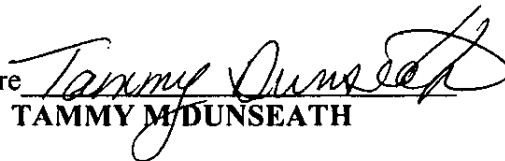

GARY R DUNSEATH

MGRM

Date

10/26/2010

Signature


TAMMY M DUNSEATH

MGRM

Date

10/26/10

FILED
26 OCT 28 AM 4:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA