

224000171997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

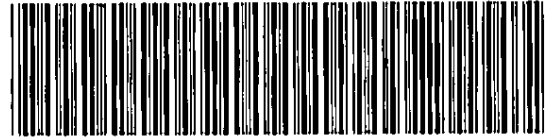
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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04/16/24--01028--012 \$125.00

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TALLAHASSEE, FL

2024 APR 16 PM 12:00

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TALLAHASSEE, FLORIDA

2024 APR 16 AM 11:30

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**CORPORATE
ACCESS,
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WALK IN

PICK UP: BROOK 4/16

CERTIFIED COPY _____

XX PHOTOCOPY _____

GS _____

XX FILING LLC _____

1. BARS @ THE ANGEILT BUILDING, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

FILED
APR 16 2011
TALLAHASSEE FL
STATE

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BARS @ THE ANGEbilt BUILDING, 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:

STEVEN M. LaBRET, ESQ.

Name of Person

STEVEN M. LaBRET, P.A.

Firm/Company

401 NORTH MAGNOLIA AVENUE, SUITE A10B

Address

ORLANDO, FL 32801

City/State and Zip Code

steve@labretlaw.com

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

For further information concerning this matter, please call:

STEVEN M. LABRET 407 422-5819
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

APR 11 11:11 AM
 STATE
 TALLAHASSEE
 FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BARS @ THE ANGE BILT BUILDING, 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:

601 DARTMOUTH STREET
ORLANDO, FL 32804

Mailing Address:

601 DARTMOUTH STREET
ORLANDO, FL 32804

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:

BOSKO LAZIC

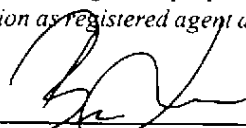
Name

601 DARTMOUTH STREET

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

<u>ORLANDO</u>	<u>FL</u>	<u>32804</u>
City	State	Zip

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)

2016 APR 16 PM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

BOSKO LAZIC
601 DARTMOUTH STREET
ORLANDO, FL 32804

(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 or 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.

REQUIRED SIGNATURE:

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.

BOSKO LAZIC

Typed or printed name of signee

SECRET
TALLAHASSEE, FL
DEPT. OF STATE
APR 14 2011

FILED

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)