

L00000002870

Document Number Only

**CT Corporation System
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Tallahassee, FL 32301
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Corporation(s) Name

Lenny's of Brewster, LLC

00 MAR 14 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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☐ Profit ☐ Amendment ☐ Merger
☐ Nonprofit

☐ Foreign ☐ Dissolution ☐ Mark
☒ LLC Articles ☐ Withdrawal

☐ Limited Partnership ☐ Annual Report ☐ Other
☐ Reinstatement ☐ Reservation ☐ Ch. RA
☐ Fictitious Name ☐ UCC

☐ Certified Copy ☐ Photocopies ☐ CUS

☐ arts/ameds/mergers ☐ Other-See Above

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lenny's of Bluewater, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

890 Willow Tree Circle, Suite 5, Cordova, TN 38018

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CT Corporation System
Name
c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

CT Corporation System **CONNIE BRYAN**
Connie Bryan **SPECIAL ASSISTANT SECRETARY**
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

David F. Leake
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David F. Leake
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)