

Document Number Only
L00000002870

**CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092**

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***125.00 ***125.00

Corporation(s) Name

Lenny's of Brewster, LLC

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

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- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> LLC <i>Articles</i> | <input type="checkbox"/> Withdrawal | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Ch. RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> arts/ameds/mergers <input type="checkbox"/> Other-See Above | | |
| <input checked="" type="checkbox"/> Walk in | <input checked="" type="checkbox"/> Pick-up | <input type="checkbox"/> Will Wait |

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2/14

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Jeffrey Butterfield**

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00 MAR 14 AM 11:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
Thank You!

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:

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

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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 signer

- 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)