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W. Z. Verifier _____



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 26, 2000

SANDRA ANDERSON
JK HARRIS AND COMPANY
P.O. BOX 1936
BRUNSWICK, GA 31521

SUBJECT: SANDPIPER RESTAURANT INC., LLC
Ref. Number: W00000013594

We have received your document for SANDPIPER RESTAURANT INC., LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 300A00030123

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TALLAHASSEE, FLORIDA

OJK HARRIS AND COMPANY

BRUNSWICK SERVICE CENTER

1510 1/2 NEWCASTLE ST. SUITE 201
P.O. BOX 1936
BRUNSWICK, GA 31521

PHONE 888-800-6577

912-264-2116

FAX 912-264-9976

IRS & STATE PROBLEM RESOLUTION -VETERAN IRS AGENTS & TAX PROFESSIONALS -WORLD WIDE WEB WWW.JKHARRIS.COM

May 31, 2000

Honorable Sandy B. Mortham
Secretary of State
Capitol Plaza Level, Room 2
Tallahassee, FL 32399

RE: SANDPIPER RESTAURANT, LLC

Dear Honorable Sandy Mortham:

Enclosed for filing, please find the corrected original and one (1) copy of the Articles of Organization, and Certificate of Designation of Registered Agent/Registration Office, in reference to the above-captioned matter.

If you have any questions, please call me at the above number, Ext. 201.

Thank you,

Sandra Anderson

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1- NAME:

The name of the Limited Liability Company is:

SANDPIPER RESTAURANT, LLC

ARTICLE II - ADDRESS

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

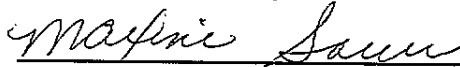
2950-49 ST. NORTH
ST. PETERSBURG, FL 33710

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S

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

MAXINE SAUER
2950-49 ST. NORTH
ST. PETERSBURG, FL 33710

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.

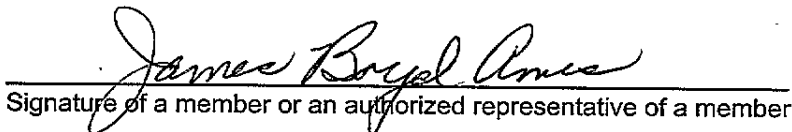


Registered Agent's Signature

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)


Signature of a member or an authorized representative of a member

(In accordance with section 708, 408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MAXINE SAUER

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608, 415 OR 608,507 FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/
REGISTERED AGENT, IN THE STATE OF FLORIDA

1 The name of the limited liability company is:

SANDPIPER RESTAURANT, LLC

2 The name and address of the registered agent and office is:

MAXINE SAUER

Name

2950-49 ST. NORTH

P.O. Box or Mail Drop NOT Acceptable

ST. PETERSBURG, FLORIDA 33710

City/State/Zip

Having been named as registered agent and to accept service or 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.

Maxine Sauer
Signature

5-8-2000
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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