Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : BIZCORP INTERNATIONAL INC.

Account Number : 11999000093 Phone : (561)776-2277 Fax Number : (561)776-2266

FLORIDA

AHASSEE FLORIDA

LIMITED LIABILITY COMPANY

CORKY'S, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

8/29/00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CORKY'S, LLC

ARTICLE II - Address:

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

27080 Old 41 Road
Bonita Springs, FL 34135

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

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

Name

869-B 97th Avenue North

Florida street address (P.O. Box NOT acceptable)
Naples FL 34108-2284

City, State, and 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 608, F.S..

	SEE	ATTACHED	CERTIFICATE			
Registered Agent's Signature						
Article IV - Managemen The Limited Liability therefore, a manager - ma	Company is to	be managed	by one manager o	r more managers ar	nd is,	
BI	ZCORP INTE	RNATIONAL	INC.			
(An addi By	tional article an	ust be added	if an effective date	e is requested)	0	
(In	accordance with	section 608.408 nstitutes an affi	orized representatives; (3), Florida Statutes, mation under the pen	the execution	30 7	
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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)

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: CORKY'S, LLC
- 2. The name and address of the registered agent and office is:

Jay D. Hillis 869-B 97th Avenue North Naples, FL 34108-2284

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent.