L02000000712

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 657423 156480A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 125.00

ORDER DATE : January 9, 2002

ORDER TIME : 9:04 AM

ORDER NO. : 657423-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Kim Hendershot
Roberts, Seward & Company

Suite 202
505 E. Jackson Street
Tampa, FL 33602

500004764465--6

DOMESTIC FILING

NAME: THE CRAWFISH SHAK, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - EXT. 1118

EXAMINER'S INITIALS: DB 1-10-02

02 JAN 10 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN 10 AM 10:19
APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

THE CRAWFISH SHAK, L.L.C.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

MAILING: 4247 MELBROOKE CT. LAKELAND, FL 33811
BUSINESS: 625 ROBIN RD. LAKELAND FL 33803

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

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

JOHN M. JONES
Name

4247 MELBROOKE CT.
Florida street address (P.O. Box NOT acceptable)

LAKELAND, FL 33811
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.

By: X
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)

X
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.)

JOHN M. JONES
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)

02 MAY 10 AM 10:19
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