

COPPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

L02000004568

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 2-26-07

REF. #: 0345.5161

CORP. NAME: Dwyer's Pubs LLC

APPROVED
AND
FILED
02 FEB 26 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|---------------------------------|----------------------------|---|
| () ARTICLES OF INCORPORATION | () ARTICLES OF AMENDMENT | () ARTICLES OF DISSOLUTION |
| () ANNUAL REPORT | () TRADEMARK/SERVICE MARK | () FICTITIOUS NAME |
| () FOREIGN QUALIFICATION | () LIMITED PARTNERSHIP | (<input checked="" type="checkbox"/>) LIMITED LIABILITY |
| () REINSTATEMENT | () MERGER | () WITHDRAWAL |
| () CERTIFICATE OF CANCELLATION | () UCC-1 | () UCC-3 |
| () OTHER: _____ | | |

RECEIVED
02 FEB 26 AM 10:41
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

STATE FEES PREPAID WITH CHECK# 40075 FOR \$ 130.00
501662 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: 600005021206--1
-02/26/02--01003--026
*****130.00 *****130.00

COST LIMIT: \$ _____

PLEASE RETURN:

- (☒) CERTIFIED COPY () CERTIFICATE OF GOOD STANDING
() CERTIFICATE OF STATUS

600005021206--1
-02/26/02--01003--027
*****25.00 *****25.00
() PLAIN STAMPED COPY

Examiner's Initials

2-26-07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dwyer's Pubs, LLC

ARTICLE II - Address:

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

2100 Electronics Lane, Ft. Myers, FL 33912

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

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

NRAI Services, Inc.
Name
526 E. Park Avenue
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32301
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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.

NRAI Services, Inc.

By:

Carole G. Dwyer, Registered Agent
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)

Julie A. Freeman

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.)

Julie A. Freeman, Authorized Representative

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)