

# LD2000014473

Boyd, Lindsey + Sliger P.A.  
Requestor's Name  
1407 E. Piedmont Dr.  
Address  
Tallahassee, FL 32308 386-2171  
City/State/Zip Phone #

2/10

Office Use Only

MJH

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Fiddler Crab, L.L.C. (Corporation Name) MJH (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-06/10/02--01035--014  
\*\*\*\*125.00 \*\*\*\*125.00

RECEIVED  
02 JUN 10 PM 2:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
02 JUN 10 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION  
OF  
FIDDLER CRAB, LLC**

The undersigned authorized representative of a member, hereby forms a limited liability company under the laws of the State of Florida, Florida Statutes, Chapter 608 as follows:

**ARTICLE I**

**Name**

The name of this Limited Liability Company shall be **FIDDLER CRAB, LLC.**

**ARTICLE II**

**Principal Place of Business and Mailing Address**

The principal place of business of the limited liability company shall be at 208 Hood Avenue, Ft. Walton Beach, Florida 32548. The mailing address of the limited liability company is 208 Hood Avenue, Ft. Walton Beach, Florida 32548.

**ARTICLE III**

**Duration**

This limited liability company shall exist no longer than fifty (50) years from the date of filing with the Department of State.

**ARTICLE IV**

**Purpose and Powers**

This limited liability company is organized for the purpose of conducting any and all lawful business not in conflict with the Statutes of the State of Florida. This limited liability company shall have all powers enumerated in Chapter 608 mentioned above.

**ARTICLE V**

**Management**

The name and address of the sole manager of the limited liability company is as follows:

**FILED**  
02 JUN 10 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name  
Victor W. Deal

Address  
208 Hood Avenue  
Ft. Walton Beach, Florida 32548

Management shall be by all persons or authorized representatives thereof above named, with majority vote controlling.

## **ARTICLE VI**

### **Initial Members**

The names and addresses of the members of this limited liability company are as follows:

Name  
Aaron Wayne Deal

Address  
208 Hood Avenue  
Ft. Walton Beach, Florida 32548

Kristin Elizabeth Deal

208 Hood Avenue  
Ft. Walton Beach, Florida 32548

Bethany Brooke Deal

208 Hood Avenue  
Ft. Walton Beach, Florida 32548

## **ARTICLE VII**

### **Initial Registered Office and Agent**

The street address of the initial registered office of this limited liability company is 1407 Piedmont Drive, Tallahassee, Florida 32308 and the name of the initial registered agent at that address is WM. SCOTT LINDSEY.

## **ARTICLE VIII**

### **Capital**

The capital of the limited liability company shall exist in \$30.00 in cash.

## **ARTICLE IX**

### **Additional Members**

The members of the limited liability company shall have the right to admit additional members upon unanimous written consent of all the members of the company existing at that time.

## ARTICLE X

### Dissolution

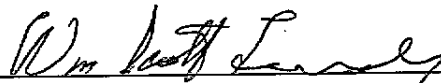
Upon the death, resignation, expulsion, bankruptcy, or dissolution of any member of this limited liability company or the occurrence of any other event which terminates the continued membership of a member of the limited liability company, the limited liability company shall be terminated, unless the business is continued by the consent of all remaining members.

## ARTICLE XI

### Transfer of Interest

A member may transfer that member's right to receive shares of profits and returns of capital contributions, but may not assign any of the rights to participate in the management or to be a member of the limited liability company unless prior written consent is obtained by the transferor from all remaining members.

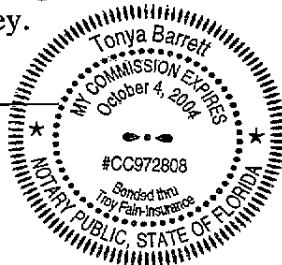
**IN WITNESS WHEREOF**, the undersigned, the authorized representative of a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 10th day of June, 2002.

  
Wm. Scott Lindsey,  
Authorized Representative Of A Member

State of Florida  
County of Leon

The foregoing Articles of Organization were acknowledged before me this 10th day of June, 2002, by Wm. Scott Lindsey.

  
Notary Public



**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 FIDDLER CRAB, LLC.
2. The name and address of the registered agent and office is:

Wm. Scott Lindsey  
1407 Piedmont Drive East  
Tallahassee, Florida 32308

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 OF 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.

Wm Scott Lindsey  
Signature

6/10/02  
Date

**State of Florida  
County of Leon**

The foregoing Certificate of Designation of Registered Agent / Office was acknowledged before me this 10<sup>th</sup> day of June, 2002, by Wm. Scott Lindsey.

[Signature]  
Notary Public

