

L02000028625

(Requestor's Name)

(Address)

(Address)

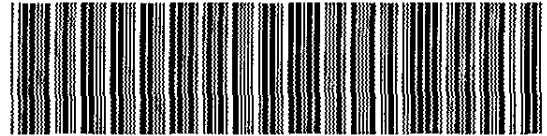
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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10/28/02--01085--011 **125.00

EFFECTIVE DATE

10/24/02

Special Instructions to Filing Officer:

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2002 OCT 28 PM 2:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN OCT 28 2002

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

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 TALLAHASSEE, FLORIDA

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

- 1- CALLARO'S PRIME STEAK & SEAFOOD, LLC
- 2- _____
- 3- _____
- 4- _____

EFFECTIVE DATE
10/24/02

- Walk-in
 Pick-up time ASAP
 Certified Copy
 Mail-out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" 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

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

CALLARO'S PRIME STEAK & SEAFOOD, LLC

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

CALLARO'S PRIME STEAK & SEAFOOD, LLC

264 South Ocean Boulevard
Plaza Del Mar, Suite C-10
Manalapan, FL 33462

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TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Drennen L. Whitmire, Jr., Esquire

Name

450 Royal Palm Way, Sixth Floor

Florida street address (P. O. Box **NOT** acceptable)

Palm Beach, FL 33480

City State, and Zip

EFFECTIVE DATE
10/24/02

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 provision of all statutes relating to the property 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 or more managers and is therefor, a manager-managed company.

ARTICLE V - Effective Date of Existence: The Effective Date of the Limited Liability Company's existence shall be October 24, 2002.


Signature of 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.)

Drennen L. Whitmire, Jr.

Typed or printed name of signee