

LD300 001827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

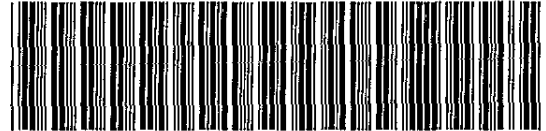
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000014672160

04/02/03--01032--012 **125.00

FILED

03 APR -2 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

03 APR -2 PM 1:39

STATE
TALLAHASSEE, FLORIDA

4-2-03



P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

PICK UP 4.2.03 Kelly

_CUS

FILING

5.) _____
(CORPORATE NAME & DOCUMENT #)

APPROVED
AND
FILED

"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEACHSIDE PIZZA LLC

ARTICLE II - Address:

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

928 E. EAU GALLIE BLVD., INDIAN HARBOUR BEACH, FL 32937

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

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

KENNETH DALY

Name

542 MAJORCA COURT

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

SATELLITE BEACH FL 32937

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.

Registered Agent's Signature

Authorized Representative

(An additional article must be added if an effective date is requested)

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.)

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)

03 APR - 2 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED