

L04 0000008937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

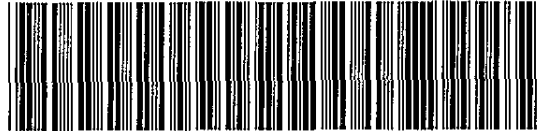
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600027479336

02/03/04 -01003--008 **125.00

BK

RECEIVED
04 FEB -3 AM 8:38 FILED
04 FEB -3 AM 10:45
STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

Capitalrep, Inc.
Requester's Name
3238 Addison Ln
Address
Tallahassee, FL 32310-3191
City/State/Zip Phone #

Office Use Only

FILED
04 FEB -3 AM 10:45
TALLAHASSEE, FLORIDA

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

1. Makarios Sakal, LLC
(Corporation Name) (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

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
MAKARIOS SAKAL, LLC**

ARTICLE 1 NAME

The name of the Limited Liability Company shall be:

MAKARIOS SAKAL, LLC

ARTICLE 2 PRINCIPAL OFFICE

The principal place of business and mailing address of the Limited Liability Company is:

3035 Elmwood Road
Tallahassee, Florida 32317

**ARTICLE 3 REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

The name and address of the registered agent is:

Tori Pressley
3238 Addison Lane
Tallahassee, Florida, 32317

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent

2/2/04
Date

FILED
04 FEB 23 PM 10:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 4 MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member shall be:

MGRM: Jeffrey Benoit

MGRM: Wade Philly

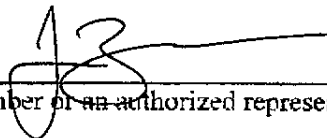
MGRM: Curt Eckhart

whose address will be the same as the principal office of the
Limited Liability Company.

ARTICLE 5 EFFECTIVE DATE

This Limited Liability Company shall be effective immediately upon filing.

REQUIRED SIGNATURE:



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.)

Jeffrey Benoit

Name of signee