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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations
SUBJE	
	(Name of Limited Liability Company)
The enc	losed Articles of Organization and fee(s) are submitted for filling.
	Please return all correspondence concerning this matter to the following:
	DANIEL YAGERLENER (Name of Person)
	(Firm/Company)
	1050 Easter Lily Lane
	(Address) Vero Beach, FL 37963 (City/State and Zip Code)
For furth	ner information concerning this matter, please call:
<u>Dani</u>	el Yagerlener at (_772) _713-1017 (Name of Person) (Area Code & Daytime Telephone Number)
check No.	orig. and 1 copy of Articles of Organization and business 1041, payable to Secretary of State, in amount of \$125.00 for and Designation of Registered Agent.
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION OF A LIMITED LIABILITY COMPANY

MARY STATES Pursuant to Section 608.407, Florida Statutes, the undersigned hereby files the Articl

Organization of a Limited Liability Company by stating:

ARTICLE L. The name of the Limited Liability Company shall be ISLAND RESTAURANT, L.L.C.

ARTICLE II. The mailing address and street address of the principal office shall be 1050 Easter Lily Lane, Vero Beach, FL 32963.

ARTICLE III. Daniel Yagerlener, 1050 Easter Lily Lane, Vero Beach, FL 32693, shall be the registered agent.

ARTICLE IV. The name and address of the managing member shall be Daniel Yagerlener. 1050 Easter Lily Lane, Vero Beach, FL 32963.

ARTICLE V. The effective date of this Limited Liability Company shall be the date of the filing with the Secretary of State, State of Florida.

CERTIFICATE OF REGISTERED AGENT

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, Florida Statutes,

STATE OF FLORIDA COUNTY OF ST. LUCIE

WITNESS my hand and official seal on this // the day of July , 2004.

NOTARY PUBLIC - State of Florida at Large

My Commission Expires: May 20, 2007



