

L04000037033

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H04000104473 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : Florida Research & Filing Services, Inc.  
Account Number : I20030000083  
Phone : (850) 656-6446  
Fax Number : (850) 942-6446

**\* RESUBMITTING W/ CORRECTIONS - PLEASE**

**RETAIN ORIGINAL DATE 5-13-04**

**LIMITED LIABILITY COMPANY**

**DESTIN CORKY'S OPERATING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

04 MAY 13 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AND  
FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

JB  
5/17/04

May 14 04 02:34p

850-842-8446

p.2



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 14, 2004

FLORIDA RESEARCH & FILING SERVICES, INC.

SUBJECT: DESTIN CORKY'S OPERATING, LLC  
REF: W04000018640

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The titles listed in Article IV should be either MGR or MGRM, as shown on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

FAX Aud. #: E04000104473  
Letter Number: 504A00033594

RECEIVED  
04 MAY 14 PM 2:57  
DIVISION OF CORPORATIONS  
04 MAY 13 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

H04000104473

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DESTIN CORKY'S OPERATING, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

36112 EMERALD COAST

DESTIN, FLORIDA 32541

**Mailing Address:**

5255 POPLAR AVENUE

MEMPHIS, TENNESSEE 38119

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

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

NRAI Services, Inc.

Name

526 E. Park Avenue

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

Tallahassee

FLORIDA 32301

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, Florida Statutes..*

NRAI Services, Inc.

By: Stephanie Thomas

Registered Agent's Signature

H04000104473

FILED  
AND  
04 MAY 13 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 14 04 02:34p

850-942-6446

p. 4

H04000104473

**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGRM

ANDREW WOODMAN  
5255 POPLAR AVENUE  
MEMPHIS, TENNESSEE 38119

MGRM

DON PELTS  
5255 POPLAR AVENUE  
MEMPHIS, TENNESSEE 38119

MGRM

BARRY PELTS  
5255 POPLAR AVENUE  
MEMPHIS, TENNESSEE 38119

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**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.)

SAM D. CHAFETZ, ORGANIZER

Typed or printed name of signer

**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)

Page 2 of 2

H04000104473

04 MAY 13 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED