

W4 000064133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

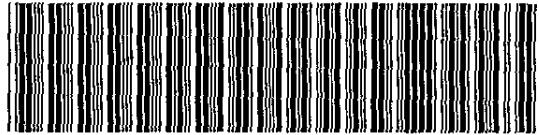
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000040259120

08/20/04--01038--012 \*\*100.00

08/09/04--01073--001 \*\*60.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG 27 PM 4:04

FILED

W4-64133  
gr

6244 Confederate Drive  
Pensacola, Fl 32503

August 18, 2004

Registration Section  
Division of Corporations  
Florida State

Dear Sir/Madam:

*Re: Application for a Limited Liability Company in Florida*

*Reference number: W04000030682*

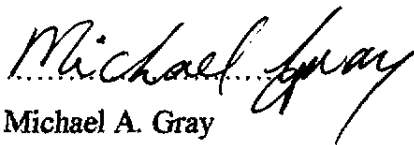
Please disregard previous documentations and replace with the attachments. Also, enclose is a check for \$100, which is totaling the amount of \$160 to cover the following charges (\$60 was previously sent):

- ✓ \$100, Filing Fee for Articles of Organization
- ✓ \$ 25, Designation of one (1) Registered Agent
- ✓ \$ 30, One (1) Certified Copy
- ✓ \$ 5, Certificate of Status

**Total: \$160**

Please let me know if you have any questions.

Regards,

  
Michael A. Gray

04 AUG 27 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ISLAND KITCHEN, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL GRAY  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

6244 CONFEDERATE  
(Address)

PENSACOLA FL - 32503  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL GRAY at ( 850 ) 292-1486  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

04 AUG 27 PM 4:06  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ISLAND KITCHEN, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:**

6244 CONFEDERATE DRIVE  
PENSACOLA, FL - 32503  
\_\_\_\_\_

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

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

MICHAEL GRAY

Name

6244 CONFEDERATE DR.

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

PENSACOLA FLORIDA 32503

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..*

Michael Gray  
Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG 27 PM 4:04

FILED

**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:**

MGR

MICHAEL GRAY  
6244 CONFEDERATE DR  
PENSACOLA, FL 32503

MGR

LINUS MOSES  
1910 BARCELONIA ST  
PENSACOLA, FL 32501

MGR

JEAN GRAY  
6244 CONFEDERATE DR  
PENSACOLA, FL -32503

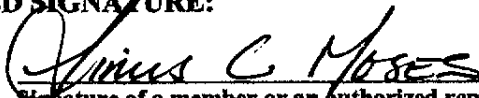
MGR

JOYCELYN CHIN  
707 B HIGHWAY BLVD  
FORT PIERCE, FL-34982

(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.)

LINUS MOSES

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)