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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLEMING'S OF BATON ROUGE, 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:

JULIE SKUKALEK  
(Name of Person)

OSI  
(Firm/Company)

2202 NORTH WEST SHORE BLVD., 5TH FLOOR  
(Address)

TAMPA, FL 33607  
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIE SKUKALEK at ( 813 ) 288-8286  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLEMING'S OF BATON ROUGE, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2202 NORTH WEST SHORE BLVD., 5TH FL

TAMPA, FL 33607

**Mailing Address:**

2202 NORTH WEST SHORE BLVD., 5TH

TAMPA, FL 33607

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

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

JOSEPH J. KADOW

Name

2202 NORTH WEST SHORE BLVD., 5TH FLOOR

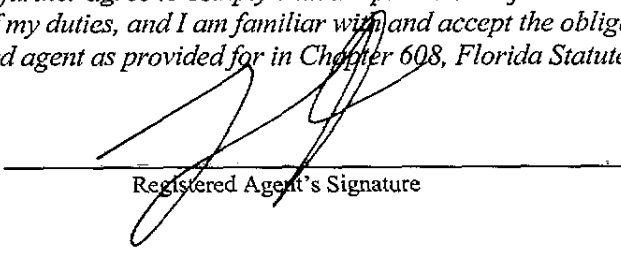
Florida street address (P.O. Box **NOT** acceptable)

TAMPA

FLORIDA 33607

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..*

  
\_\_\_\_\_  
Registered Agent's Signature

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**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

FLEMING'S/SOUTHMIDWEST-I, LIMITED PARTNERSHIP  
2202 NORTH WEST SHORE BLVD., 5TH FL  
TAMPA, FLORIDA 33607

MGR

ALLEN RILEY  
3802 RIDGE MANOR COURT  
KINGWOOD, TX 77345

\_\_\_\_\_

\_\_\_\_\_

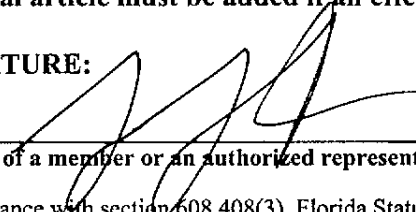
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(Use attachment if necessary)

**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.)

Joseph J. Kadow, Vice President

Outback/Flemings, LLC  
General Partner of

Fleming's / Southmidwest - I, Limited Partnership

**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)