

LO5000009751

2005 JAN 19 P 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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



300043700913

01/19/05--01041--027 **160.00

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

SUBJECT: CRACKER SHACK VENTURES LLC
(Name of Limited Liability Company)

2005 JAN 19 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

L. Joe Lydick
(Name of Person)

Cracker Shack Ventures, LLC
(Firm/Company)

5725 Crosswinds Circle
(Address)

St. Augustine, FL 32092
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Lydick at (904) 284-3474
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 JAN 19 P 2:40

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRACKER SHACK VENTURES, LLC
Cracker Shack Ventures, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5725 CROSSWINDS CIRCLE
SAINT AUGUSTINE, Florida
32092

5725 CROSSWINDS CIRCLE
SAINT AUGUSTINE, FL
32092

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

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

D. JOE LYDICK
Name

5725 CROSSWINDS CIRCLE
Florida street address (P.O. Box NOT acceptable)
SAINT AUGUSTINE FL 32092
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, F.S..

D. Joe Lydick
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2005 JAN 19 P 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

D. Joe LYDICK
5725 CROSSWINDS CIRCLE
SAINT AUGUSTINE, FL 32092

MGR

CHERIE B. LYDICK
5725 CROSSWINDS CIRCLE
SAINT AUGUSTINE, FL 32092

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

D. Joe Lydick

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.)

D. Joe LYDICK

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)