

L 05000016421

(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:

[Handwritten signature]

Office Use Only



000046338630

FILED
05 FEB 17 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 FEB 17 AM 10:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 209979 8739A

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
05 FEB 17 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 17, 2005

ORDER TIME : 9:30 AM

ORDER NO. : 209979-005

CUSTOMER NO: 8739A

CUSTOMER: Ms. Bonnie J. Phillips
Siegel Lipman Dunay &
Shepard, LLP
Suite 801
5355 Town Center Road
Boca Raton, FL 33486

DOMESTIC FILING

NAME: THAI-SAKURA RESTAURANT, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
THAI - SAKURA RESTAURANT, LLC**


Article I - Name: The name of the Limited Liability Company is Thai Sakura Restaurant, LLC.


Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 4078 PGA Boulevard, Palm Beach Gardens, Florida 33410.

Article III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Jonathan L. Shepard
5355 Town Center Road #801
Boca Raton, Florida 33486

Having been named as registered agent and to accept service of process of 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.


Jonathan L. Shepard


Jonathan L. Shepard,
Authorized Representative

(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.)