L05000080533

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	
(Cit	yrotate/ZipiFitolle :	"
PICK-UP	☐ WAIT	MAIL
	·	
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200058333042

08/15/05--01070--029 **155.00

FILED
2005 AUG 15 AM 11: 53
2005 AUG 15 CORPORATIONS
DIVINITIAN OF CORPORATIONS

J. BRYMM AUG 1 6 2005

The Grown Folks Night Out, LLC

Thursday, August 11, 2005

Division Of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Please find enclosed the Articles of Organization for the newly formed, The Grown Folks Night Out, LLC. The contact person is Mr. Bernard Veargis, of 1095 NW 58 Street, Miami, FL 33127 and the daytime phone number is 786.486.4366.

Thank you for your time and consideration regarding this matter.

Sincerely,

Bernard Veargis



TRANSMITTAL LETTER

	tration Se ion of Cor	ction rporations		
SUBJECT:		The Grov	vn Folks Night Out, LLC	
_		(Name of Limito	d Liability Company)	
		f Organization and fee(s) are s		
Please return a	ll correspo	ondence concerning this matte	r to the following:	, mi . m.
		Be	ernard Veargis	
-			Name of Person)	
		·	ŕ	E9 5
		The Gr	own Folks Night Out, LLC	THE LE CORPORATION OF CORPORATION
		(Firm/Company)	79 =
				927
		1095 N	IW 58 Terrace	D F.
			(Address)	
			, ,	
		Miam	i, FL 33127	
			State and Zip Code)	
		\ - \	,	
For further infe	ormation of	concerning this matter, please	call:	
Bernard Vea	mis		et (786) 486.4366	
	·T	of Person)	at (
Enclosed is a	check fo	or the following amount:		
□ \$1 25.00 Fil	ing Fee		\$155.00 Filing Fee &	-
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)	(additional copy is enclosed)
	STOF	ET ADDRESS:	MAILING A	ADDRESS:
		ration Section	Registration	Section
	Divisi	on of Corporations	Division of C	
		. Gaines Street assee, Florida 32399	P.O. Box 633 Tallahassee.	27 Florida 32314
			~ berranding	

	ORIDA LIMITED LIABILITY COM
ARTICLE I - Name:	F 500
The name of the Limited Liability Company is:	
The Grown Folks Night Out, LLC	
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Com
Principal Office Address:	Mailing Address:
1095 NW 58 Terrace Miami, FL 33127	1095 NW 58 Terrace Miami, FL 33127

ADTICLE III - Degistered Agent Degistered	Office & Degistered Agent's Signature
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
The name and the Florida street address of the re	registered agent are:
The name and the Florida street address of the re	registered agent are:
The name and the Florida street address of the re	egistered agent are:
The name and the Florida street address of the re Bernard Ve Name	egistered agent are:
The name and the Florida street address of the research Ve Name 1095 NW 58 Telorida street address	registered agent are: pargis Terrace

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.

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:

Bernard Veargis 1095 NW 58 Terrace Miaml, FL 33127 Terri Page 15842 SW 10 Street Pembroke Pines, FL 33027 Tosca Carroll 3550 Biscayne Blve, #303
Pembroke Pines, FL 33027 Tosca Carroll
14
Miami, FL 33137
dded if an effective date is requested.

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.)

Bernard Veargis 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)