

LOS000108374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

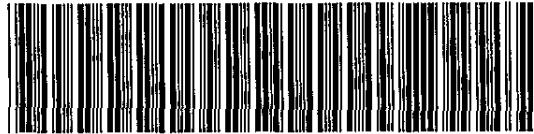
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RECEIVED
TALLAHASSEE, FLORIDA

05 NOV -9 AM 8:33

FILED

10:00

**Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314**

SUBJECT: FLORIDA ASSOCIATION OF BARS, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

**WILLIAM R. PFEIFFER
P.O. BOX 10127
TALLAHASSEE, FL 32302-1127**

For further information concerning this matter, please call BILL PFEIFFER @ 850-212-5941

Enclosed is a check for the following amount: \$ 160.00

FEIN #: 06-1759461

SINCERELY,


WILLIAM R. PFEIFFER

ARTICLES OF ORGANIZATION FOR FLORIDA LLC

ARTICLE I Name:

The name of the Limited Liability Company is:

FLORIDA ASSOCIATION OF BARS, LLC

ARTICLE II Address:

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

PRINCIPAL OFFICE ADDRESS

3142 BARRINGER HILL DR.
TALLAHASSEE, FL 32311

MAILING ADDRESS

P.O. BOX 10127
TALLAHASSEE, FL 32302

TALLAHASSEE, FLORIDA

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ARTICLE III Registered Agent, Office & Signature:

~~Michael Ericks~~
~~429 Williams St.~~
~~TALLAHASSEE, FL 32303~~

Thomas Grigsby
2144 Heathrow Dr.
Tallahassee FL 32312

Having been named as registered agent and to accept service of process for the FLORIDA ASSOCIATION OF BARS, LLC 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

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

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

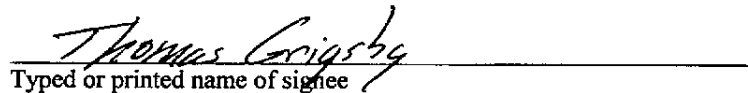
Title	Name	Address:
MGRM	WILLIAM R. PFEIFFER	3142 BARRINGER HILL TALLAHASSEE, FL
MGRM	MIKE ERICKS	429 WILLIAMS ST. TALLAHASSEE, FL
MGRM	<i>Thomas</i> TOE GRIGSBY	2144 HEATHROW DR. TALLAHASSEE, FL
MGRM	<i>Benjamin S. Macfarland III</i>	2090 Palm Beach Lakes Blvd Suite 700 West Palm Beach, FL 33409

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to be "Thomas Grigsby", written over a horizontal line.

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.)

A handwritten signature in black ink, "Thomas Grigsby", written over a horizontal line.

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)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA