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FILED  
06 JAN 26 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 23, 2006

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs/Madam:

Enclosed please find our filing for articles of organization for Thyme For DinnerII, LLC and a check in the amount of \$160.00 for the filing fee, certificate of status and certified copy.

I can be reached at 1824 Ironwood Court, Venice, Florida 34293. Telephone number is 941-358-9516.

Thank you for your prompt attention to our request.

Sincerely,

*V. Victoria Copeland*

V. Victoria Copeland

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Thyme For Dinner II, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

1824 Ironwood Court

Venice, FL 34293

#### Mailing Address:

1824 Ironwood Court

Venice, FL 34293

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

V. Victoria Copeland

Name

1824 Ironwood Court

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

Venice, FL 34293

FL

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.*

V. Victoria Copeland

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:**

MGR

V. Victoria Copeland

1824 Ironwood Court

Venice, FL 34293

MGRM

Margaret DelGuidice

8552 Great Meadows Drive

Sarasota, FL 34238

MGRM

Jules L. Clement

1824 Ironwood Court

Venice, FL 34293

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

V. Victoria Copeland

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.)

V. Victoria Copeland

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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CLERK OF STATE  
TALLAHASSEE, FLORIDA