

L06000039089

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter Number Only

4-12-06 KAREN

Kenneth W. Whittaker

Requestor's Name

1065 NE 125 Street #300

Address

N. Miami Beach, FL 33161

City

State

ZIP

Phone

(305) 895-7203

VALIDATION ONLY

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SECRETARY OF STATE

CORPORATION(S) NAME

SIDELINES SPORTS BAR LLC

☒ Profit LLC

() NonProfit

() Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

() Other

() Reinstatement

() Reservation

() Change of Registered Agent

() Certified Copy

() Photo Copies

☒ Certificate Under Seal

() Call When Ready

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() After 4:30

☒ Walk In

() Will Wait

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Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2006

LAURIE S. WHITTAKER ESQ.
WHITTAKER & WHITTAKER, P.A.
1065 NE 125TH STREET, SUITE 300
NORTH MIAMI, FL 33161

SUBJECT: SIDELINES SPORTS BAR LLC
Ref. Number: W06000016714

We have received your document for SIDELINES SPORTS BAR LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 606A00023724

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TALLAHASSEE, FLORIDA

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06 APR 14 11:11:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIDELINES SPORTS BAR, L.L.C.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

LAURIE S. WHITTAKER ESQ.

(Name of Person)

WHITTAKER & WHITTAKER, P.A.

(Firm/Company)

1065 NE 125th STREET, SUITE 300

(Address)

NORTH MIAMI, FLORIDA 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURIE S. WHITTAKER

(Name of Person)

at

305

895-7203

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

W06-16714

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SIDELINES SPORTS BAR 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:2031 A WILTON DRIVE
WILTON MANORS, FL 33305**Mailing Address:****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:

LAURIE S. WHITTAKER, ESQ.

Name

1065 NE 125th STREET, SUITE 300Florida street address (P.O. Box **NOT** acceptable)NORTH MIAMI FL 33161

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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

LAURIE S. WHITTAKER

604 N CRESCENT DRIVE
HOLLYWOOD, FL 33021

MGR

MARTIN KILDEA

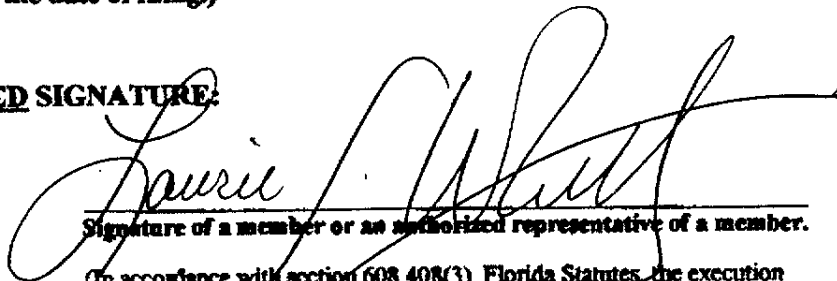
1091 NW 47th STREET

FT. LAUDERDALE, FL 33309

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

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.)

LAURIE S. WHITTAKER

Typed or printed name of signer

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)