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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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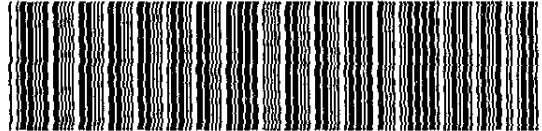
(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

Channel Marker 71

# Barrier Island

Inn & Restaurant

Heather D. Michael  
7601 A1A South  
St. Augustine, Florida, 32080

Contact Home & Work Number 904-461-4288 or Contact Cell Number 904-377-2744

Ms. Agnes Lunt  
Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl. 32314

April 11, 2006

**Re: A1A CRAB SHACK & BAKERY, LLC STATUS ON APPLICATION**

Dear Ms. Lunt,

I submitted the Articles of Organization for the proposed **A1A Crab Shack & Bakery, LLC** Feb. 2, 2006, with a specified effective date of February 28<sup>th</sup>, 2006, and check # 3192 for the amount of \$160.00. After speaking with you, April 13<sup>th</sup>, 2006 you informed me that the check was not enclosed for the **A1A Crab Shack & Bakery, LLC** therefore, the name was rejected.

Please accept a new application with a new check. Please disregard the old application. On the new application I have not specified the effective, and made some corrections on contact address, and management.

Please understand I appreciate how simple the Division of Corporations has made it for a business to become registered in the state of Florida. I made some stupid errors due to having so much on my plate, initial financing, design of the renovations, building permits ect...

Thank you for your understanding,

Heather Michael / owner of

  
Channel Marker 71 Barrier Island Inn & Restaurant, LLC & the proposed **A1A Crab Shack & Bakery, LLC**

P.S. I use to say "Thank you Miss Agnes" out of the blue all the time. Now I know why.

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

A1A Crab Shack & Bakery, 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:

Heather D. Michael

Warren T. Michael

#### Mailing Address:

7601 A1A South, St. Augustine, Florida 32080

7601 A1A South, St. Augustine, Florida 32080

### 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:

Heather D. Michael

Name

7601 A1A South, St. Augustine, Florida 32080

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

St. Augustine FL 32080

City, State, and Zip

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*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.*

Heather D. Michael

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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/M

Heather D. Michael

7601 A1A South

St. Augustine, Florida 32080

MGRM

Warren T. Michael

7601 A1A South

St. Augustine, Florida 32080

(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.)

Warren T. Michael

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)**

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