10000051895

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400074750524

05/19/06--01033***IL E D

05/19/06--01033***

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--01033**

05/19/06--0103**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

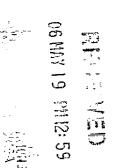
05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--010**

05/19/06--





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JOHN C. THOMAS IT	
ACE O	
(Firm/Company)	Į.
10 Box 12364 SS = F	
(Address)	7
THUAMASSEE FL 32317 (City/State and Zip Code)	K HE THE
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Tother of Person) at (450) 433 - 7990 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
CONDOY GRILL , 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: Mailing Address:	
1430 MILLSTRAM RD	· ~
32312	- '
City, State, and Lip	

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)