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| (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: | | | | | | |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

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| | Registration Section Division of Corporations | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| SUBJEC | CT: SQUID LIPS MELBOURNE, LLC (Name of Limited Liability Company) | | | | | | | | |
| The encl | losed Articles of Organization and fee(s) are submitted for filing. | | | | | | | | |
| Please re | eturn all correspondence concerning this matter to the following: | | | | | | | | |
| _ | H J UNDERILL, III | | | | | | | | |
| (Name of Person) | | | | | | | | | |
| SQUID LIPS MELBOURNE, LLC | | | | | | | | | |
| | (Firm/Company) | | | | | | | | |
| _ | 490 N HARBOR CITY BLVD. (Address) | | | | | | | | |
| | MELBOURNE, FLL 32935 | | | | | | | | |
| (City/State and Zip Code) | | | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | | |
| H | J UNDERILL III at (321) 242-2224 x112 (Name of Person) (Area Code & Daytime Telephone Number) | | | | | | | | |
| Enclose | ed is a check for the following amount: | | | | | | | | |
| X \$125 | .00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | n | | | | | | | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314 | | | | | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Company is: | |
| | |
| SQUID LIPS MELBOURNE, LLO | 7 |
| (Must end with the words "Limited Liability Company, "Limited | |
| (Musi circ with the words Difficed Elability Company, Difficed | Company of their abstraction. 120, or 210, 7 |
| ARTICLE II - Address: | |
| The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| | 56 M |
| Principal Office Address: | Mailing Address: |
| 490 N HARBOR CITY BLVD. | 490 N HARBOR CITY BLVD. |
| MELBOURNE, FL 32935 | MELBOURNE, FL 32935 |
| | |
| | |
| ARTICLE III - Registered Agent, Registered | Office, & Registered Agent's Signature: |
| (The Limited Liability Company cannot serve as its own Regist- business entity with an active Florida registration.) | ered Agent. You must designate an individual or another |
| • | |
| The name and the Florida street address of the re | egistered agent are: |
| H J UNDERILL, 1 | ττ |
| Name | <u></u> |
| | |
| 490 N HARBOR CI | |
| Florida street add | iress (P.O. Box <u>NOT</u> acceptable) |
| MELBOURNE | FL 32935 |
| City, State, a | ind Zip ALS 20 |
| Having been named as registered agent and to | accept service of process for the above stated limited |
| liability company at the place designated in t | his certificate, I hereby accept the appointment as |
| | y. I further agree to comply with the provisions of all |
| statutes relating to the proper and complete pe | erformance of my duties, and I am familiar with and |
| accept the obligations of my position as regi | stered agent as provided for in Chapter 608 F.S. |
| Λ ₀ / | ORI F: |
| // N / | 108 108 |
| Registered Agent's Signat | hire (REOUIRED) |
| Together Tourist August | |
| | |
| _ | |
| (CONTIN | |
| Page 1 of 2 | 2 |

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | | Name and Address: | | | |
|---|--|--|----------------|----------------------|---------------|
| "MGR" = Manag "MGRM" = Man | | | | | |
| MGRM | | H J UNDERILL III 490 N HARBOR CITY BLV MELBOURNE, FLL 32935 | D, | | |
| | <u> </u> | SQUID LIPS ENTERTAINM 490 N HARBOR CITY BLV MELBOURNE, FL 32935 | ENT, D | LL C — | |
| | | | | <u> </u> | |
| | ········· | | | <u></u> | |
| (Use attachment ARTICLE V: Effective (If an effective date is list oor 90 days after the d | date, if other than the dated, the date must be | ate of filing:specific and cannot be more than five | (OPT busine | IONA ss day | L) s prior |
| <u>REQUIRED</u> SI | GNATURE: | • | | | |
| , | Signature of a member | ocan authorized representative of a memb | — per. | | |
| | of this document constitution that the facts stated he | ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjuden are true.) | SECRE | 700b H | 77 |
| | H J UNDE Typ | RILL, III ed or printed name of signee | TARY | MAY 22 | |
| Filing Fee | <u>s:</u> | | 무 | ס | |
| of Re \$ 30.00 Certif | Fee for Articles of Organ gistered Agent ied Copy (Optional) icate of Status (Optional) | | STATE ORIDA | t: 08 | |