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(Re	questor's Name)	· · ·
(Add	dress)	
(Ad	dress)	
-		
(Cit	y/State/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	•
V	Office Use Only	



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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Maic	Street Buffet 110 (Name of Limited Liability Company)
·	(Name of Limited Liability Company)
The enclosed Articles of Organizat	ion and fee(s) are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Ron	Benfield Est =
	(Name of Person)
	(Firm/Company)
58	Sionx Circle
	(Address)
Hau	ang, 91 32333
	(City/State and Zip Code)
For further information concerning	this matter, please call:
$\alpha \alpha \tilde{\beta}$	11
Bon Bentie	at (850) 539-5/7/
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the follo	wing amount:
	00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, te of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Registrat Division P.O. Box	Address Street/Courier Address ion Section of Corporations Address Registration Section Division of Corporations Clifton Building See, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANI	ZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited L	iability Company is:
Main Street	Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and st	reet address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
809 N Main Havana, A 38	St 809 N Main St 333 Havana, F1 32333
	d Agent, Registered Office, & Registered Agent's Signature: nnot serve as its own Registered Agent. You must designate an individual or another ida registration.)
The name and the Florida	street address of the registered agent are:
	Ron Benfield
	Name
	58 Siour Ciacle
	Florida street address (P.O. Box NOT acceptable)
	Howana EL 32333
	City, State, and Zip
liability company at the registered agent and agree statutes relating to the pr	gistered agent and to accept service of process for the above stated limited place designated in this certificate, I hereby accept the appointment as to act in this capacity. I further agree to comply with the provisions of all oper and complete performance of my duties, and I am familiar with and of my position as registered agent as provided for in Chapter 608, F.S
	han Bfl
R I	egistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manaş "MGRM" = Mar	ger	me and Address:
MGRM	_	Nancy Bradley 809 N Main St Howard, H. 32333
	_	
	-   - -	
•		
	date, if other than the date of ted, the date must be specif	filing: (OPTION ic and cannot be more than five business da
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