

L060000093593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

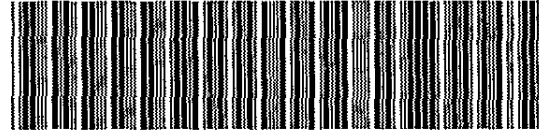
(Business Entity Name)

(Document Number)

Certified Copies _____ = Certificates of Status _____

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Office Use Only



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09/22/06--01019--014 **130.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 22 PM 2:07

J. BRYAN SEP 23 2006

TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Greek Village Restaurant, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

Nick Kamarinos
3577 Lake Emma Blvd.
Lake Mary, FL 32746

For Further information concerning this matter, please call: Nick Kamarinos at (407) 617-9285.

Street Address:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:

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

ARTICLES OF ORGANIZATION
OF
GREEK VILLAGE RESTAURANT, LLC

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The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: Greek Village Restaurant, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 3577 Lake Emma Blvd., Lake Mary, FL 32746.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

ADDRESS

Nick Kamarinos

3577 Lake Emma Blvd.
Lake Mary, FL 32746

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.

Nick Kamarinos
Nick Kamarinos

ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Nick Kamarinos 3577 Lake Emma Blvd. Lake Mary, FL 32746
Manager	Simeon Nikolaidis 3577 Lake Emma Blvd. Lake Mary, FL 32746

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ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be September 19, 2006.

NICK KAMARINOS
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.)

Nick Kamarinos
Printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 19th day of September 2006.

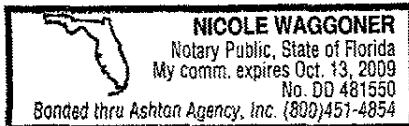
Nick Kamarinos
Nick Kamarinos

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STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 19th day of September 2006, by Nick Kamarinos, who is personally known to me or who has produced driver's license as identification and who did take an oath.

FL DL #K565-620-454440



Nicole Waggoner
Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

Nick Kamarinos
Nick Kamarinos

DATE: September 19, 2006