

06000106886

(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



500081035535

11/03/06--01023--022 **125.00

RECEIVED
FILED
06 NOV - 3 AM 11:36 06 NOV - 3 AM 11:44
DIVISION OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

J. BRYAN NOV - 3 2006

Joe Bushy
Requester's Name
PO Box 368
Address
Cottalab FI-3431
City/State/Zip
Phone #
850-352-4233

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Mamie's Restaurant LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

06 NOV - 3 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

Articles of Organization

For

Florida Limited Liability Company

1. **Article I** - The name of the Limited Liability Company is:

MAMIE'S, LLC.

2. **Article II** - Addresses: The mailing address and Street address of the principal office of the Limited Liability Company is:

Principal Office Address:

328 HWY 90 EAST, DEFUNIAK SPRINGS, FL 32435
DEFUNIAK SPRINGS, FL 32435

Mailing Address:

328 HWY 90 EAST

- Article III** - The initial Registered Agent, Registered Office street address is:

NATALIE M. MILLER

328 HWY 90 EAST

DEFUNIAK SPRINGS, FL 32435

I **NATALIE M. MILLER** 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 the Initial 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 in Chapter 608, Florida Statutes.

Signed: Natalie Miller

NATALIE M. MILLER

3. **Article IV** - Managing Members: The name and address of each Managing Member is as follows:

MGMR

NATALIE M. MILLER

328 HWY 90 EAST

DEFUNIAK SPRINGS, FL 32435

Requires Signature:

Natalie Miller

NATALIE M. MILLER

(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.)

06 NOV - 3 AM 11:44

FILED