

L07000004018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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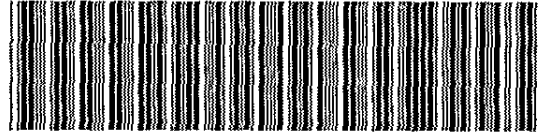
(Business Entity Name)

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TALLAHASSEE, FLORIDA

my

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sleepy Sully, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brett Sullivan

(Name of Person)

Sleepy Sully, LLC

(Firm/Company)

350B Pensacola Beach Blvd.

(Address)

Gulf Breeze, FL 32561

(City/State and Zip Code)

For further information concerning this matter, please call:

Brett Sullivan

(Name of Person)

at

(850) 969-3439

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sleepy Sully, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

350B Pensacola Beach Blvd.

Gulf Breeze, FL 32561

Mailing Address:

350B Pensacola Beach Blvd.

Gulf Breeze, FL 32561

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Brett Sullivan

Name

350B Pensacola Beach Blvd.

Florida street address (P.O. Box **NOT** acceptable)

Gulf Breeze

FL 32561

City, State, and Zip

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..



Registered Agent's Signature

(CONTINUED)

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