

W07000007566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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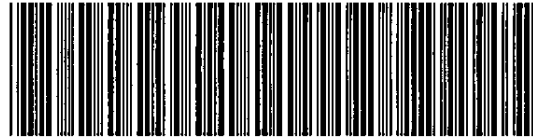
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W07-7566
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ANDREWS, DAVIS & SUTTON

Attorneys at Law

The Professional Building
694 Baldwin Avenue, Suite 1
Post Office Box 705
DeFuniak Springs, Florida 32435

Angus G. Andrews
Mark D. Davis
Glenda K. Sutton

Telephone: (850) 892-5838
Facsimile: (850) 892-5837

TO: Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Lakeyard, L.L.C. d/b/a Busy Bee Cafe

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

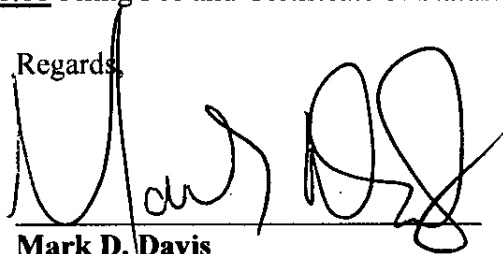
Mark D. Davis
Andrews, Davis & Sutton
694 Baldwin Avenue, Suite 1, Post Office Box 705
DeFuniak Springs, Florida 32435

For further information concerning this matter, please call:

Mark D. Davis
at (850) 892-5838

Enclosed is a check for the following amount: **\$130.00** Filing Fee and Certificate of Status.

Regards,



Mark D. Davis
Andrews, Davis & Sutton

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
LAKEYARD, L.L.C.**

ARTICLE I - NAME

The name of the limited liability company is **Lakeyard, L.L.C.**
("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

35 South 7th Street
DeFuniak Springs, Florida 32435

Mailing Address:

35 South 7th Street
DeFuniak Springs, Florida 32435

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TALLAHASSEE, FLORIDA

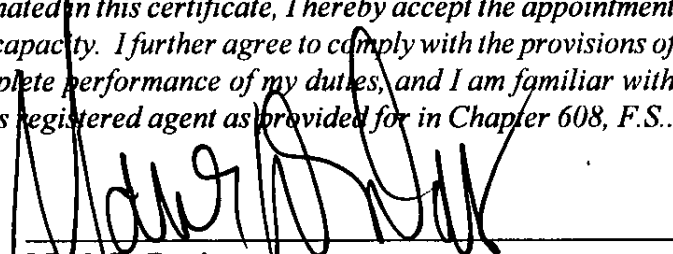
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**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Mark D. Davis
694 Baldwin Avenue, Suite 1
DeFuniak Springs, Florida 32435

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..



Mark D. Davis

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

William Lattimer
405 Sixes Drive
Canton, Georgia 30114

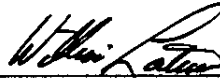
MGMR

Jay Mabry
43 Rasberry Trial
DeFuniak Springs, Florida 32435

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TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:



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.)

William Lattimer
405 Sixes Drive
Canton, Georgia 30114

Typed or printed name of signee