

LO7000026174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

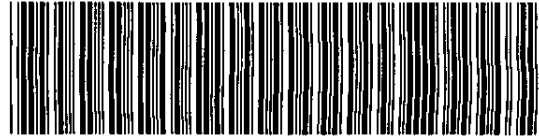
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JB

Office Use Only



800090555858

03/08/07--01009--008 **155.00

07 MAR -8 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

TROIANO & ROBERTS, P.A.

ATTORNEYS AT LAW
317 S. TENNESSEE AVENUE
LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005)
CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO
NICHOLAS J. TROIANO
LAURIANE CICCARELLI

REPLY TO:
P. O. DRAWER 829
LAKELAND, FLORIDA 33802-0829
TELEPHONE (863) 686-7136
FAX (863) 686-9157

March 6, 2007

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Malt of Lakeland, L.L.C.

Dear Sirs:

Enclosed please find the original and one copy of Articles of Organization for the above-named entity. I have also enclosed a check in the amount of \$155.00 to cover the filing fees of the Articles as well as a certified copy of same.

Please return the certified copy of the Articles of Organization to me as soon as possible. Thank you in advance for your consideration in this matter, and if you have any questions, please do not hesitate to contact my office.

Sincerely,



Nicholas J. Troiano

NJT:al
Enclosures

FILED
07 MAR -8 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The Name of the Limited Liability Company is: MALT OF LAKELAND, LLC

ARTICLE II – Address:

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

a: Mailing Address: 6605 Broken Arrow Trail S., Lakeland, FL 33813

b: Street Address: 6605 Broken Arrow Trail S., Lakeland, FL 33813

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

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

TIMOTHY LEE ALLORE

Name

6605 Broken Arrow Trail S.

Florida street address (Post Office Box **NOT** acceptable)

Lakeland, Florida 33813

City, State and Zip

07 MAR -8 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE IV – Management (Check applicable box)

☐ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

☒ The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.



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.)

Timothy Lee Allore, as President of TLA, Inc.

Typed or printed name of signee