

L07 0000 30517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

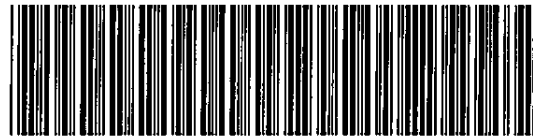
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200095647802

04/04/07--01021--007 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 APR -4 PM 1:10

JB

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE HIDEAWAY LOUNGE, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

BOBBY O. WILLIAMS

(Name of Person)

THE HIDEAWAY LOUNGE, LLC

(Firm/Company)

PO BOX 838

(Address)

BAGDAD, FL 32530

(City/State and Zip Code)

For further information concerning this matter, please call:

BOBBY O. WILLIAMS

(Name of Person)

at ( 850 ) 434-5899

(Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 APR -4 PM 1:10

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
THE HIDEAWAY LOUNGE, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

"The name of the Limited Liability Company is: THE HIDEAWAY LOUNGE, LLC"

SHOULD BE CORRECTED TO:

"The name of the Limited Liability Company is: THE HIDEAWAY LOUNGE, LLC"

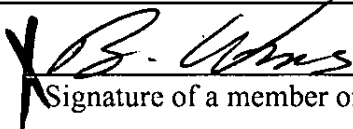
THE NAME AS FILED WITH THE STATE CONTAINS A TYPOGRAPHICAL ERROR.

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: MARCH 26, 2007



Signature of a member or authorized representative of a member

BOBBY O. WILLIAMS

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 APR - 4 PM 1:10

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L07000030517  
FILED 8:00 AM  
March 21, 2007  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
THE HIDEWAY LOUNGE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2906 AVALON BLVD  
MILTON, FL. 32583

The mailing address of the Limited Liability Company is:  
PO BOX 838  
BAGDAD, FL. 32530

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
BOBBY O WILLIAMS  
2906 AVALON BLVD.  
MILTON, FL. 32583

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.

Registered Agent Signature: BOBBY O. WILLIAMS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 APR -4 PM 1:10.

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
BOBBY O WILLIAMS  
PO BOX 838  
BAGDAD, FL. 32530

Title: MGRM  
CAROLYN A WILLIAMS  
PO BOX 838  
BAGDAD, FL. 32530

L07000030517  
FILED 8:00 AM  
March 21, 2007  
Sec. Of State  
jbryan

### **Article VI**

The effective date for this Limited Liability Company shall be:

03/20/2007

Signature of member or an authorized representative of a member

Signature: BOBBY O. WILLIAMS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 APR -4 PM 1:10