

LU 76000 48146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

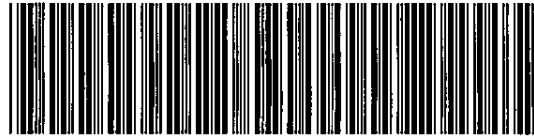
Special Instructions to Filing Officer:

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2007 MAY -7 AM 11:49

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Office Use Only



400100345994

FILED
07 MAY -7 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/07/07--01028--016 **125.00

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/ST/Zip

850-222-2785

Phone #

FILED
07 MAY - 7 PM 3:07
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TALLAHASSEE, FLORIDA

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

- 1- UMATILLA TAVERN, LLC
- 2-
- 3-
- 4-

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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

UMATILLA TAVERN, LLC

ARTICLE I - NAME

The name of the corporation is Umatilla Tavern, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 17949 SE 158 Court, Weirsdale, FL 32195

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE

& REGISTERED AGENT'S SIGNATURE

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

Brett L. Swigert, P.A.
1231 County Road 452
Eustis, FL 32726

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.

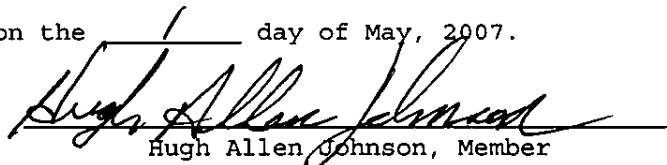


Registered Agent's Signature

ARTICLE IV - COMPANY TYPE

The company is to be a manager managed company. The initial member manager shall be Hugh Allen Johnson. Additional member managers may be appointed by an affirmative vote of a majority of the members.

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization on the _____ day of May, 2007.


Hugh Allen Johnson, 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.)

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