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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAY 21 PM 1:46

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RAYMARY STREET GRILL 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:

Deborah Lytle

(Name of Person)

RAYMARY STREET GRILL LLC

(Firm/Company)

7573 Raymary St., Unit A/B

(Address)

Bokeelia, Fl. 33922

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Lytle

(Name of Person)

at ( 239 ) 691-6347

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

RAYMARY STREET GRILL LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

7573 Raymary St., Unit A/B  
Bokeelia, Fl. 33922

#### Mailing Address:

7573 Raymary St., Unit A/B  
Bokeelia, Fl. 33922

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Deborah Lytle

Name

7573 Raymary St., Unit A/B

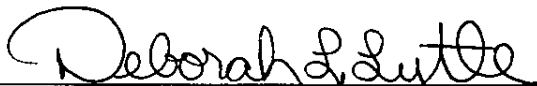
Florida street address (P.O. Box **NOT** acceptable)

Bokeelia

FL 33922

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 (REQUIRED)

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(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR/MGRM

Deborah Lytle

15790 Quail Trail

Bokeelia, Fl. 33922

MGRM

William H. Lytle

15790 Quail Trail

Bokeelia, Fl. 33922

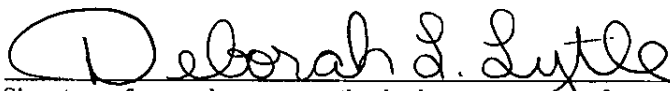
 

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Deborah L. Lytle

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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07 MAY 21 PM 1:45



Internal  
Revenue  
Service

# Employer Identification Number (EIN) Cover Sheet

Date

May 16, 2007

No. of pages (including  
this one)

1

Brookhaven IRS Campus - EIN Department

FAX: 1-631-447-8960

Phone: 1-800-829-4933

To

DEBORAH LYTLE

From

Tax Examiner  
19-07105Team  
101

FAX

(239) 283-3653

Phone

(239) 691-6347

## ATTENTION

Name of Entity

RAYMARY STREET GRILL LLC

EIN

06-1815435

Name of Entity

EIN

Name of Entity

EIN



Please see the following letter regarding missing or incorrect information on your Form SS-4, Application for a Federal Employer Identification Number (EIN).

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under the applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication via fax at the number given. Thank you.

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