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| Division of Co | | | |
|---------------------------|---|---|--|
| SUBJECT: Jimmy | 's Seafood and St | teak Grill | |
| SUBJECT: | | ted Liability Company) | 11 - 11 - 11 |
| The enclosed Articles of | f Organization and fee(s) are | submitted for filing. | |
| Please return all corresp | ondence concerning this mat | ter to the following: | |
| Wanda S. | Moon | | |
| | | (Name of Person) | |
| Jimmy's S | Seafood and Steak | Grill | |
| | | (Firm/Company) | |
| 30 Old Pa | lmetto Path | | |
| | | (Address) | |
| Saint mark | ks, Florida 32355 | | |
| | (Cit | y/State and Zip Code) | |
| For further information | concerning this matter, please | e call: | |
| Wanda S. Moon | | at 850 544-4576 | |
| (Name | of Person) | (Area Code & Daytime Telepho | one Number) |
| Enclosed is a check for | or the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certified Copy C (additional copy is enclosed) C | 60.00 Filing Fee, ertificate of Status & ertified 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 Circl Tallahassee, FL 32301 | e |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Jimmy's Se | eafood and Steak G | | |
|--|----------------------------------|---|---|
| | (Must end with the words "Limite | ed Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II | | | |
| The mailing ad | dress and street address of | the principal office of the Limited Li | ability Company is: |
| Principal Office | e Address: | Mailing Address: | |
| 30 Old Palmetto Pa | ath | 16196 N/E Spruce Trail | |
| Saint Marks | | Hosford | |
| Florida 32355 | | Florida 32334 | |
| business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: James W. Moon Jr. | | O7 AI SECR TALLA | |
| | James W. Moon | ı Jr | |
| | James W. Moon | Name | RETA AHAS |
| | James W. Moon 28B Old Palmet | Name | AUG 10 PM ORETARY OF AHASSEE. |
| | 28B Old Palmet | Name | UG 10 PM 12 ETARY OF S HASSEE, FL |
| | 28B Old Palmet | Name to Path reet address (P.O. Box NOT acceptable) | |
| | 28B Old Palmet | Name to Path reet address (P.O. Box NOT acceptable) | UG 10 PM 12: ! ETARY OF SIJ |

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(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:

| <u>Title:</u> | Name and Address: |
|---|--|
| "MGR" = Manager "MGRM" = Managing Member | |
| MGRM | James W. Moon Jr. |
| | 28B Old Palmetto Path |
| | Saint Marks, Florida 32355 |
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| | W-17-7-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) | e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | 2 M |
| Signature of a memb | er or an antiborized representative of a member. |
| of this document cons that the facts stated | ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) |
| Wanda S. Mo | oon see to the |
| T | yped or printed name of signee |
| Filing Fees: | 2: 53 STAL LORIU |
| \$125 00 Filing Fee for Articles of Orac | |

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)