L07000091147

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	<u>-</u> ∍#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	rtified Copies Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



200105911292

09/05/07--01024--025 **130.00

1001 SEP -5 P 3: Ob SECRETIARY OF STATE, TALLAHASSEE, FINDING.

AL

COVER LETTER

	tration Section on of Corporations	
SUBJECT: _	SEBASTIAN (Name of Lie	SANDWICH SHACK "LLC." mited Liability Company)
	(Name of Lit	miled Liability Company)
The enclosed A	rticles of Organization and fee(s) a	are submitted for filing.
Please return al	1 correspondence concerning this n	natter to the following:
	SUSAN Mito	(Name of Person)
	SEBASTIAN	SANDWICH SHACK "LLC."
		(Firm/Company)
	413 His	Biscus AVE.
		(Address)
	SEBASTIAN	Florida 32988 AR S
		City/State and Zip Code)
		Signal Control of the
For further info	rmation concerning this matter, ple	ase call:
JEFF	MITCHEU (Name of Person)	at(<u>772</u>) <u>713 -6638</u>
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a c	theck for the following amount:	
]\$ 125,00 Filin	g Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertificate of Status & 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 Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

<u>SE BA</u>	STIAN SANI st end with the words "Limited Lia	Wic H bility Company,	SHACK "L.L.C.," or "LLC	"LLC."	
ARTICLE II - Add The mailing address	dress: s and street address of the	principal off	ice of the Lim	ited Liability Co	mpany is
Principal Office A	ddress:	Mailing	Address:		
1671 U.S. SEBASTIA	HigHWAY 1 W, F1 32958		BASTIAN,	HigHWAY F/ 3295/2	<u>,</u> /
(The Limited Liability Co	egistered Agent, Register mpany cannot serve as its own Reg ctive Florida registration.)	ed Office, & gistered Agent. Y	k Registered A	gent?s Signatur an individual or anoth	re:
The name and the F	lorida street address of the	e registered a	agent are:	-5 SEE,	1
	545AN Nan	Mitch	hell	FLO	
	413 HiBi:	scus	Ave	3: Ob TATE DRIDA	
			ox <u>NOT</u> acceptal		
	Se BASTIAN City, State		32958	v	
				c ., , , , , , , , , , , , , , , , , , ,	

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)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	JEFF MITCHELL 413 HIBISSUS AVE. SEBASTIAN, FL. 32958
MCKM	SUSAN MITCHELL 413 Hibiseus AVE. 56 BASTIAN, Fl. 32958
~	2007 SECRE
(Use attachment if necessary)	P-S P 3
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be 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.)

JEFF MitcHE//
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)