L07000104405

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
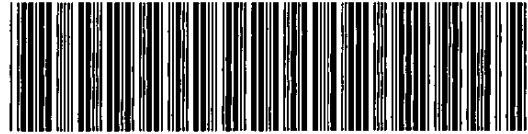(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Jimmy Diablo's**

(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:

James Broccolo

(Name of Person)

Jimmy Diablo's

(Firm/Company)

11024 State Road 52

(Address)

Hudson, FL 34669

(City/State and Zip Code)

For further information concerning this matter, please call:

James Broccolo ____ at (**352**) **860-0557**

(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

FILED
01 OCT 12 P 3: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Jimmy Diablo's "L.L.C."

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

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

11024 State Road 52

Hudson, FL 34669

Mailing Address:

1237 Dartmouth Terrace

Inverness, FL 34452

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:
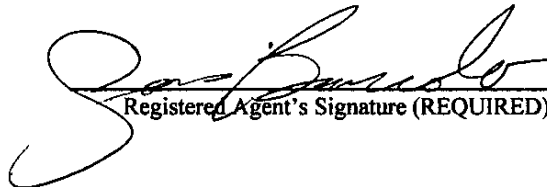
James Broccolo
Name

1237 Dartmouth Terrace
Florida street address (P.O. Box **NOT** acceptable)

Inverness, FL 34452
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)

(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

Jane Broccolo
1237 Dartmouth Terrace
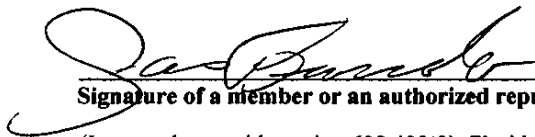Inverness, FL 34452

MGR

James Broccolo
1237 Dartmouth Terrace
Inverness, FL 34452

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>October 11,2007</u> (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.)

James Broccolo
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)