

L07000104520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

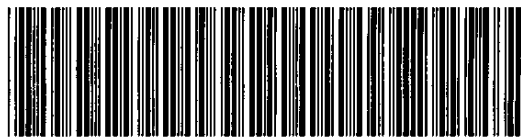
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900109705659

09/21/07--01021--005 **125.00

EFFECTIVE DATE
09/15/07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 21 AM 9:54

W07-47187
J. BRYAN SEP 24 2007

JB

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OSKAR'S CAFE, 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:

EVELYN R. SUAREZ

(Name of Person)

OSKAR'S CAFE, LLC

(Firm/Company)

332 W. BURLEIGH BLVD.

(Address)

TAVARES, FL 32778

(City/State and Zip Code)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 SEP 21 AM 9:54

For further information concerning this matter, please call:

EVELYN R. SUAREZ at (352) 434-4888
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2007

EVELYN R. SUAREZ
OSKAR'S CAFE, LLC
332 W. BURLEIGH BLVD.
TAVARES, FL 32778

SUBJECT: OSKAR'S CAFE, LLC
Ref. Number: W07000047181

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 21 AM 9:54

We have received your document for OSKAR'S CAFE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 21, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 207A00055925

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OSKAR'S CAFE, LLC

(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:

332 W. BURLEIGH BLVD.
TAVARES, FL 32778

Mailing Address:

332 W. BURLEIGH BLVD.
TAVARES, FL 32778

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:

EVELYN R. SUAREZ

Name

332 W. BURLEIGH BLVD.

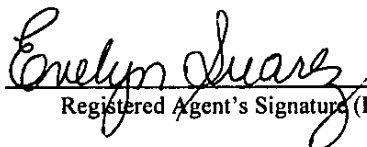
Florida street address (P.O. Box **NOT** acceptable)

TAVARES, FL 32778

City, State, and Zip

EFFECTIVE DATE
09/15/07

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:

MGRM

EVELYN R. SUAREZ

PO BOX 690

TAVARES, FL 32778

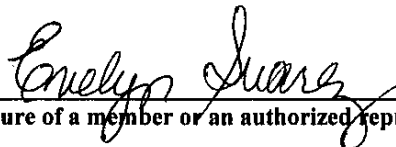
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 21 AM 9:54

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/15/07. (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.)

EVELYN R SUAREZ

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)