# 107000127823

(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:
120024 200
W07000401428
Office Use Only



700113227507

12/19/07--01028--017 \*\*155.00

07 DEC 28 PM 5: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 28 2007

**EXAMINER** 

### SHEPPARD & SHEPPARD, P.A. ATTORNEYS AT LAW

1301 PLANTATION ISLAND DRIVE SOUTH SUITE 204 ST. AUGUSTINE, FLORIDA 32080

TELEPHONE: (904) 461-1411 FACSIMILE: (904) 461-1412 www.sheppardpa.com

SEAN P. SHEPPARD\*
HOLLY SHEPPARD
BRYAN C. GOODE III
D. BRAD HUGHES
SETH B. DEMPSEY
AMY MARIE BARNES

\* ALSO ADMITTED TO PRACTICE IN NEW YORK AND NEW JERSEY

December 27, 2007

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

RE: MY FIRST RESTAURANT, LLC

OT DEC 28 PH 5: 17
SECHENASSEE, FLORIDA

Dear Sir or Madam:

Enclosed herewith please find the original together with one fully executed copy of the Articles of Organization for **MY FIRST RESTAURANT, LLC.** With the changes as required in the attached letter.

If you should have any questions or concerns, please do not hesitate to contact this office at your earliest convenience.

ky truly yours

Any mane

Encl.



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2007

SHEPPARD & SHEPPARD, P.A. ATTN: AMY MARIE VO 1301 PLANTATION ISLAND DR., S., STE. 204 ST. AUGUSTINE, FL 32080

SUBJECT: MY FIRST RESTAURANT, LLC

Ref. Number: W07000061428

We have received your document for MY FIRST RESTAURANT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 407A00070990

07 DEC 28 PH 5: 17
SECRETARY OF STATE.

### SHEPPARD & SHEPPARD, P.A. ATTORNEYS AT LAW

|30| PLANTATION ISLAND DRIVE SOUTH SUITE 204 ST. AUGUSTINE, FLORIDA 32080

TELEPHONE: (904) 461-1411 FACSIMILE: (904) 461-1412 www.sheppardpa.com

SEAN P. SHEPPARD\*
HOLLY SHEPPARD
BRYAN C. GOODE III
D. BRAD HUGHES
SETH B. DEMPSEY
AMY MARIE BARNES

\* ALSO ADMITTED TO PRACTICE IN NEW YORK AND NEW JERSEY

December 17, 2007

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

RE: MY FIRST RESTAURANT, LLC

Dear Sir or Madam:

Enclosed herewith please find the original together with one fully executed copy of the Articles of Organization for MY FIRST RESTAURANT, LLC.

I have also enclosed my check in the amount of \$155.00 to cover the filing fees and costs of a certified copy of the above Articles after filing with your agency.

You will see that the Articles contain, as a part thereof, the required declaration of Resident Agent.

If you should have any questions or concerns, please do not hesitate to contact this office at your earliest convenience.

Very truly yours,

Encl.

## ARTICLES OF ORGANIZATION OF MY FIRST RESTAURANT, LLC

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, as the same may from time to time be amended (the "Act").

#### ARTICLE I

**NAME** 

The name of the limited liability company (the "Company") is: MY FIRST RESTAURANT, LLC.

## ARTICLE II ADDRESSES

The initial mailing address of the Company is 2479 South US Highway 1, St. Augustine, Florida 32086.

## ARTICLE III REGISTERED AGENT

The name and street address of the initial registered agent of the Company is shepped & Sheppard, P.A., 1301 Plantation Island Drive South, Suite 204, St. Augusting Florida 32080.

## ARTICLE IV MANAGEMENT

The Company is to be managed by the members and is therefore, a member managed company.

#### ARTICLE V LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 27<sup>th</sup> day of December, 2007. 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.

Eric Frehsee

Authorized Representative

#### ACCEPTANCE OF REGISTERED AGENT

I, Amy Marie Vo, on behalf of Sheppard & Sheppard, P.A., having been named to accept the service of process for My First Restaurant, L.L.C., certify that I am a permanent resident of Duval County, Florida, and do hereby accept to act in this capacity, and agree to comply with the laws of the State of Florida relative to keeping open said office.

DATED at St. Johns County, Florida, this 27th day of December, A.D., 2007.

SHEPPARD & SHEPPARD, P.A.

Sy Muy / / //

Sheppard & Sheppard, P.A.

1301 Plantation Island Drive South

Suite 204

St. Augustine, Florida 32080

Phone: (904) 461-1411

STATE OF FLORIDA COUNTY OF ST. JOHNS DEC 28 PM 5: 17 &

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Amy Marie Vo, for Sheppard & Sheppard, P.A., a Florida Professional Association, on behalf of the Professional Association, to me personally known and known to be the person/entity described as the authorized agent and resident agent who executed the Acceptance of Registered Agent and acknowledged before me that she executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal at St. Johns County, Florida, this 27<sup>th</sup> day of December, A.D., 2007.

LISA BROWN

Notary Public - State of Florida

My Commission Expires Mar 22, 2009

Commission # DD 410259

Bonded By National Notary Assn.

Notary Public, State of Florida

Printed Name:

My Commission expires: