08000012599

(Requestor's Name)						
(Nequestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
·						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Cassial Instructions to Filing Officer						
Special Instructions to Filing Officer:						

Office Use Only



800116760978

02/04/08--01040--014 **125.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

J. BRYAN

FEB - 5 2008

EXAMINER





Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (850)245-6051

January 31, 2008

RE: Boston Wings2, LLC

To Whom It May Concern:

Please find attached a completed application to form a Florida Limited Liability company along with a check for the amount of \$125.00 for Filing Fee for Articles of Organization and Designation of Registered Agent.

You may reach me directly at (239)789-5109 or my office# (239)593-9111 if you have questions or need any additional information. Thank you.

Sincerely,

David McNulty

COVER LETTER

TO:	Registration Se Division of Cor		•				
ÇI IB I	_{ECT:} Boston	Wings2, LLC					•
3010	EC1.		ted Liability Comp	any)			
The er	nclosed Articles of	Organization and fee(s) are	submitted for filing	3 .	•		
Please	e return all correspo	ondence concerning this mat	tter to the following	; :			
	David McN	ulty	·				
	(Name of Person)						
	Hurricane	Grill & Wings		•	•	08 FEB 4	DIVISION OF CORPORATIONS
			(Firm/Company)			£	Ϋ́ Ε
	9160 The I	_ane				3	RÝ CK
			(Address)				ATIO
	Naples, FL	. 34109			,	•	35
		(Ci	ty/State and Zip Code	;)			
For fu	urther information c	oncerning this matter, pleas	e call:				
Dav	vid McNulty		239	、789-51	09		
		of Person)	at (CArea Cod	<i>/</i>	elephone Number)		
Enclo	sed is a check for	the following amount:					
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$		\$155.00 Filin Certified Co (additional cop	ру	\$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is en	us &	٠	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton E 2661 Exe	ourier Addression Section of Corporation duilding secutive Center see, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	' is :		
Boston Wings2, LLC			
	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	e principal office of the Limited Liability C	omnany is	z·
2	,	opun.y 10	••
Principal Office Address:	Mailing Address:		
4724 S Cleveland Avenue	9160 The Lane	•	
Fort Myers, FL 33907	Naples, FL 34109	_	
		_	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	legistered Agent. You must designate an individual or ano	other	DIVIS
The name and the Florida street address of the	he registered agent are:	333	22
David McNulty		08 FEB -4	유ァ
Na	ame		S
9160 The Lane	,	AH 8:	SECRE JAKY OF SITIONS
Florida street	t address (P.O. Box NOT acceptable)	:59	퍐
Naples, FL 34109	FI.		35
City, Sta	ate, and Zip	•	
liability company at the place designated	I to accept service of process for the above sta in this certificate, I hereby accept the appoin	itment as	

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR **David McNulty** 9160 The Lane Naples, FL 34109 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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.)

David McNulty

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)