

608000026325

(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



400119790244

03/13/08--01008--025 \*\*130.00

RECEIVED  
08 MAR 13 PM 1:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 MAR 13 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DA Thomas MAR 13 2008

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Johnny's Country Kitchen, L. L. C.  
(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:

Tyrie A. Boyer  
(Name of Person)

Boyer, Tanzler & Sussman, P. A.  
(Firm/Company)

210 East Forsyth Street  
(Address)

Jacksonville, Florida 32202  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tyrie A. Boyer at ( 904 ) 358-3030  
(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 Filing Fee, Certification 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

**FILED**  
08 MAR 13 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Johnny's Country Kitchen, 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:

6426 Bowden Road  
Suite 206  
Jacksonville, FL 32216-0977

#### Mailing Address:

c/o Boyer, Tanzler & Sussman, P.A.  
210 East Forsyth Street  
Jacksonville, FL 32202

### 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:

Tyrie A. Boyer  
Name

210 East Forsyth Street  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL FL 32202  
City, State, and Zip

FILED  
08 MAR 13 PM 1:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Tyrie A. Boyer  
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

Barbara M. Boyer

6426 Bowden Road, Suite 206

Jacksonville, FL 32216-0977

MGR

Lee C. Boyer

6426 Bowden Road, Suite 206

Jacksonville, FL 32216-0977

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)**

**FILED**  
08 MAR 13 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

Barbara M. Boyer

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.)

Barbara M. Boyer

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)**