108000038609

_
(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:
A. LUNT APR 17 2008
EXAMINER

Office Use Only



800123199868

04/16/08--01018--004 **130.00

SECRETARY OF STATE

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	CT: 3 Chicks & a Board, L.L.C.	
	(Name of Limited Liability Company)	
The en	losed Articles of Organization and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	Cathy Wilson	
	(Name of Person)	
,	3 Chicks & A Roars L.L.C.	_
	(Firm/Company)	73
	3709 W. Santiago St. 유민 공 -	
	(Address) $\mathcal{S}_{\mathcal{H}}^{\mathcal{R}}$ σ	-
	Tampa, FL 33629	
	(City/State and Zip Code)	_
For fur	her information concerning this matter, please call:	
Cath	y Wilson _{at (} 813 ₎ 837-2112	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclos	ed is a check for the following amount:	
\$12 5.	On Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \sin \text{\$\sin	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3 Chicks & a l		iability Company, "L.L.C.," or "LLC	1.")
ARTICLE II - Ad		e principal office of the Lim	itad Lighility Company is:
The maning address	is and street address of the	e principal office of the Lim	ned Liability Company is.
Principal Office A	ddress:	Mailing Address:	
3709 W. Santiago St.		3709 W. Santiago St.	
Tampa, FL 33629		Tampa, FL 33629	,
The name and the l	Cl	he registered agent are:	AR AR
The name and the	Florida street address of the Veronica Swiatek Na	ime	R Ib P
The name and the	Veronica Swiatek	me	Ib P
The name and the	Veronica Swiatek Na 3321 Las Campos	nme s Place	ATE 5
The name and the	Veronica Swiatek Na 3321 Las Campos Florida street	me	ATE 5
	Veronica Swiatek Na 3321 Las Campos Florida street Tampa, FL 33611	me S Place t address (P.O. Box <u>NOT</u> accepta	ATE 5
	Veronica Swiatek Na 3321 Las Campos Florida street Tampa, FL 33611	nme S Place t address (P.O. Box <u>NOT</u> accepta	ATE 5

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mer	nber
MGR	Cathy Wilson
	3709 W. Santiago St.
	Tampa, FL 33629
MGRM	Sara Quintero
	613 Casabella Circle
	Tampa, FL 33609
MGRM	Veronica Swiatek ARE HAR
	3321 Las Campos Place
	Tampa, FL 33611
	<u> </u>
	OF S
(Use attachment if necessar	nv)
(Ose attachment if necessar	3)
LE V: Effective date, if oth	er than the date of filing: (OPTION
	ite must be specific and cannot be more than five business d
fective date is listed, the da days after the date of filing	g.)
	g.)
days after the date of filing	
days after the date of filing	
days after the date of filing	
days after the date of filing REQUIRED SIGNATUR	E:
days after the date of filing REQUIRED SIGNATUR	
days after the date of filing REQUIRED SIGNATUR Signature (In accorda	f a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution
REQUIRED SIGNATUR Signature (In accordate of filing)	f a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury
REQUIRED SIGNATUR Signature (In accordate of this document that the secondary)	f a member or an authorized representative of a member. ance with section 608.408(3), Florida Statutes, the execution

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)