

LD8000059779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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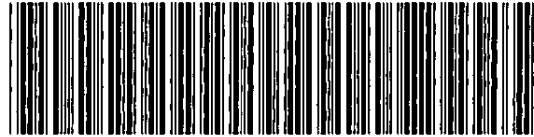
(Business Entity Name)

(Document Number)

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08 JUN 18 PM 1:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Collins

JUN 18 2008

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: **BIG BEN'S FISH AND CHIPS 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:

PETER GOLD

(Name of Person)

PRESIDENT BIG BEN'S FISH AND CHIPS LLC

(Firm/Company)

1275 SORRENTO WOODS BLVD

(Address)

NOKOMIS, FLORIDA, 34275. USA

(City/State and Zip Code)

For further information concerning this matter, please call:

PETER GOLD

(Name of Person)

at (**941**) **914-1265**

(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

May 29, 2008

PETER GOLD
1275 SORRENTO WOODS BLVD.
NOKOMIS, FL 34275

SUBJECT: BIG BEN'S FISH AND CHIPS LLC
Ref. Number: W08000026324

We have received your document for BIG BEN'S FISH AND CHIPS 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 708A00033670

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Big Ben's Fish and Chips 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:

1275 Sorrento Woods Blvd

Nokomis

Florida 34275

Mailing Address:

1275 Sorrento Woods Blvd

Nokomis

Florida 34275

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:

PETER GOLD

Name

1275 Sorrento Woods Blvd

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

Nokomis, Florida 34275

City, State, and Zip

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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..

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:

PETER GOLD MGR

1275 Sorrento Woods Blvd

Nokomis, Florida 34275

MICHAEL JOHN SMITH MGRM

5721 GOLDEN ROAD SEBRING

FLORIDA 33875

MAUREEN GOLD MGRM

1275 Sorrento Woods Blvd

Nokomis, Florida 34275

SHIRLEY DAWN SMITH MGRM

5721 GOLDEN ROAD SEBRING

FLORIDA 33875

(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.)

PETER GOLD MGR

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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)