Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone

: (407)843-8880

Fax Number

: (407)244-5690

ORIDA/FOREIGN LIMITED LIABILITY CO.

Prime Tuscan Tavern, LLC

Certificate of Status	0
Certified Copy	1
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D. BRUCE

EXAMINER

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<u>ARTICLES OF ORGANIZATION</u> ORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIME TUSCAN TAVERN, LLC

ARTICLE U - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

7932 W, SAND LAKE ROAD, SUITE 300 ORLANDO, FLORIDA 32819

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

RANDALL R. HODGE 7932 W. SAND LAKE ROAD, SUITE 300 ORLANDO, FLORIDA 32819

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 SIGN

Article IV - Manager(s) or Managing Member(s):

The Limited Liability Company is to be managed by one or more managers and is, therefor

"manager-managed" limited liability company.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

RANDALL R. HODGE

Typed or printed name of signee

PILING PEES:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5,00 Certificate of Status (OPTIONAL)

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