

1080007823/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

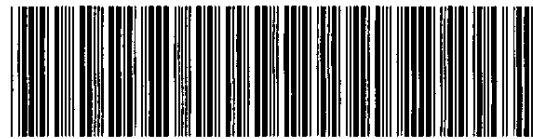
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500134400815

08/13/08--01012--032 **125.00

FILED
08 AUG 13 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 15 2008

EXAMINER

EFFECTIVE DATE

8/11/08

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SCALLOP SHACK, 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:

WALT QUINN

(Name of Person)

SCALLOP SHACK, LLC

(Firm/Company)

4480 ORTEGA FOREST DR.

(Address)

JACKSONVILLE, FL 32210

(City/State and Zip Code)

For further information concerning this matter, please call:

WALT QUINN

(Name of Person)

at 904 387-4898

(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

FILED
08 AUG 13 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCALLOP SHACK, 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:

4480 ORTEGA FOREST DR.
JACKSONVILLE, FL 32210

Mailing Address:

(SAME AS OFFICE ADDRESS)

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:

WALTER H. QUINN

Name

4480 ORTEGA FOREST DR.

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

JACKSONVILLE FL 32210

City, State, and Zip

FILED
08 AUG 13 PM 3:50
SECRETARY 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..

[Signature]
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE

8/11/08

(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

MGRM

MGRM

MGRM

MGRM

Name and Address:

WALTER H.

~~WALTER~~ QUINN

4480 ORTEGA FOREST DR.
JACKSONVILLE, FL 32210

SARAH L. PATTERSON

4480 ORTEGA FOREST DR.
JACKSONVILLE, FL 32210

RICHARD A. BRAZZEL

2701 NW 5TH PLACE
GAINESVILLE, FL 32607

ELIZABETH F. PATTERSON

2701 NW 5TH PLACE
GAINESVILLE, FL 32607

TENANTS
BY THE
ENTIRETY

TENANTS
BY THE
ENTIRETY

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/11/08 (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:

Walt Quinn
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.)

WALT QUINN

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 13 PM 3:50

FILED

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)