L08000049289

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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10/15/08--01024--001 **125.00

Effective Date 10/16/08

WHO OCT 21 A 9 56
SECRETARY OF STATE.

T. HAMPTON

OCT 2 2 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	_{ECT.} Brandon Iguana LLC		
3013		ited Liability Company)	
The er	nclosed Articles of Organization and fec(s) at	e submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	Richard A. Calderoni		
	•	(Name of Person)	
	Brandon Iguana LLC dba	Green Iguana Bar &	Grill
		(Firm/Company)	
	P. O. Box 13109		
		(Address)	
	Tampa, FL 33681		
	(0	City/State and Zip Code)	
For fu	rther information concerning this matter, plea	se call:	
Rett	ty Adams	813 \ 242-09	565
	(Name of Person)	at (
Enclo	sed is a check for the following amount:		
_	5.00 Filing Fee \$\sum \\$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 Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section S Division of Corporat Clifton Building 2661 Executive Cent	ions er Circle



RECEIVED
08 OCT 21 PM 4: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 16, 2008

RICHARD A CALDERONI P O BOX 13109 TAMPA, FL 33681

SUBJECT: BRANDON IGUANA LLC Ref. Number: W08000047565

We have received your document for BRANDON IGUANA 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 15, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 408A00053985

Effective Date /0/16/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KIRLESOF ORGANIZATION FOR FLORIDA LAMILIED LIABILITY CONTACT				
ARTICLE I - Name: The name of the Limited Liability Company is:				
Brandon Iguana LLC				
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
Brandon Iguane LLC	Brandon Iguana LLC			
3640 South West Shore Blvd.	P. O. Box 13109			
Тапра, FL 33629	Tampa, FL 33681			
Al Lopez Name				
Name				
4600 W. Cypress St	reet #500 dress (P.O. Box <u>NOT</u> acceptable)			
Tampa, FL 33607	-			
City, State,	and Zip			
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of a arformance of my duties, and I am familiar with and stored agent as provided for in Chapter 608, F.S			
Registered Agent's Signs (CONTIN	OCI 21 A ARETARY OF AHASSEE, F			

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

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Richard A Calderoni
	3640 South West Shore Blvd.
	Tampa, FL 33629
MGRM	Amir A Mahdieh
	3640 South West Shore Blvd
	Tampa, FL 33629
Member	Victoria A. Mahdieh
	3640 South West Shore Blvd.
	Tampa, FL 33629
(Use attachment if necessary)	

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.)

Richago CALOGIONI
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)

FILED MM OCI 21 A 9:5b SECRETARY OF STATE