

LO8000115944

(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



300139145173

12/23/08--01001--002 \*\*620.00

RECEIVED

08 DEC 22 PM 2:44

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 DEC 22 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

DEC 23 2008

EXAMINER

GRAY ROBINSON  
ATTORNEYS AT LAW

SUITE 600  
301 SOUTH BRONOUGH ST. (32301)  
POST OFFICE BOX 11189  
TALLAHASSEE, FL 32302-3189  
TEL 850-222-7717  
TEL 850-577-9090  
FAX 850-222-3494  
FAX 850-577-3311  
gray-robinson.com

FORT LAUDERDALE  
JACKSONVILLE  
KEY WEST  
LAKE LAND  
MELBOURNE  
MIAMI  
NAPLES  
ORLANDO  
TALLAHASSEE  
TAMPA

E-MAIL ADDRESS  
jmcFarland@gray-robinson.com

December 22, 2008

**VIA HAND DELIVERY**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Mambo Grille, LLC  
Our File No. 30661-62

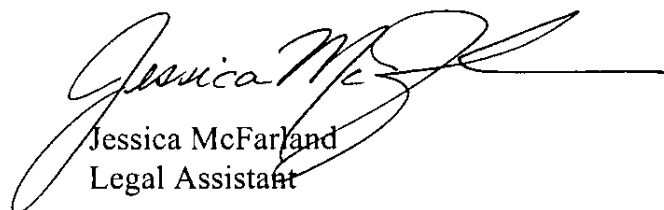
Dear Madam or Sir:

Enclosed are an original and one copy of Articles of Organization of **MAMBO GRILLE, LLC. PLEASE FILE THESE ARTICLES AND ISSUE A CERTIFIED COPY.**

A check in the amount of \$155.00 is enclosed for the filing fee and cost of the certified copy. Upon receipt of this request, please date-stamp the copy of this letter attached. Also, please call me at (850) 577-9090 when the certified copy is ready to be picked up.

Thank you for your assistance in this matter.

Sincerely,

  
Jessica McFarland  
Legal Assistant

Enclosures

FILED  
08 DEC 22 AM 8:25  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MAMBO GRILLE, LLC

**ARTICLE II - Address:**

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

1525 INTERNATIONAL PARKWAY, SUITE 4051  
LAKE MARY, FL 32746

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

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

GARY S. SALZMAN  
GRAYROBINSON, P.A.  
301 E. PINE STREET, SUITE 1400  
ORLANDO, FL 32801

*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

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

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "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.

JOHN C. GRAY, JR.

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)