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EXAMINER

COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJ	ЕСТ:	JOHNNY BELINDA'S AN		<u> </u>
		(Name of Limited Li	ability Company)	,
The e	nclosed Article	es of Organization and fee(s) a	are submitted for filing.	
Please	e return all cor	respondence concerning this n	natter to the following:	
		Belinda H. Betz		
		(Name of	Person)	•
			•	
		(Firm/Cor	mpany)	
		310 West 4 th Street		
		(Addre	ess)	
		Lynn Haven, FL 32444		
		(City/State and	1 Zip Code)	
For fu	rther informat	ion concerning this matter, ple	ease call:	TSE 28
	George C. B	etz, Jr.	at <u>(850) 235-5378</u>	
	(Name	e of Person)	(Area Code & Daytime Telephone Numb	SECRES 31
Enclo	sed is a check	for the following amount:	; FLOR	PH 12:
\$125.0	00 Filing Fee	□\$139.00 Filing Fee &	\$155.00 Filing Fee & \$\Bigcup\$\$160 Filing	
		Certificate of Status /	(additional copy is enclosed) Certified	e of Status & Copy 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company is:		
JOHNNY BELINDA'S ANTIQU (Must end with the words "Limited Liability		-
ARTICLE II – Address: The mailing address and street address of the printing address and street addres	ncipal office of the Limited Liability Cor	mpany is:
Principal Office Address:	Mailing Address:	
310 West 4 th Street Lynn Haven, FL 32444	310 West 4 th Street Lynn Haven, FL 32444	- -
ARTICLE III – Registered Agent, Registered (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the re George C. Betz, Jr. 310 West 4 th Street	Registered Agent. You must designate an individ	ual or 2008 DEC 31
Lynn Haven, FL 32444 Having been named as registered agent and to limited liability company at the place design appointment as registered agent and agree to act the provisions of all statutes relating to the propam familiar with and accept the obligations of many Chapter of Registered Agent's Signature of the properties of the properties of the company of the properties of the propertie	nated in this certificate, I hereby accept of in this capacity. I further agree to com wer and complete performance of my dution my position as registered agent as provide	the ply with es, and I

(CONTINUED)
Page 1 of 2

MGRM = Managing Member MGRM Belinda H. Betz 310 West 4th Street Lynn Haven, FL 32444 ARTICLE V: Effective date, if other than the date of filing: N/A (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: Continue to a member or an authorized representative of a member.	Title: "MGR" = Mar	~	Name and Address:	
ARTICLE V: Effective date, if other than the date of filing:N/A	"MGRM" = N	lanaging Member		
ARTICLE V: Effective date, if other than the date of filing:N/A	MGRN	Л	Relinda H. Retz	
ARTICLE V: Effective date, if other than the date of filing:	Wicki	<u> </u>		•
(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: Comparison of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Belinda H. Betz				44
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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.) Belinda H. Betz Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)			-	ian five
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.) Belinda H. Betz	business days	prior to or 90 days after the date of	of filing.)	
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Typed or printed name of signee LAHASSEE, FLORIDA Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	•	perjury that the facts state	ed herein are true.)	•
Typed or printed name of signee LAHASSEE, FLORIDA Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)				
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