

LU9000078008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

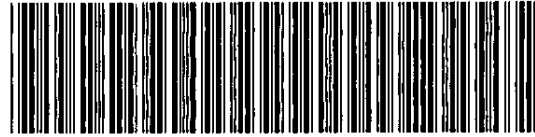
(Document Number)

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**B. KOHR**  
AUG 13 2009  
**EXAMINER**



900159188589

08/12/09--01011--008 \*\*125.00

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2009 AUG 12 AM 11:31  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

EFFECTIVE DATE 8/10/09

**B. KOHR**  
AUG 13 2009  
**EXAMINER**

**FILED**  
09 AUG 12 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**\*Please note 08/10/09 effective date**

CONTACT: TRICIA TADLOCK

DATE: 08/12/09

REF. #: 001554.108883

CORP. NAME: HUDSON RESTAURANT SERVICES, LLC

EFFECTIVE DATE 8/10/09

FILED  
09 AUG 12 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 531348 FOR \$ 125.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2009

TRICIA TADLOCK  
CORPDIRECT AGENTS  
TALLAHASSEE, FL

SUBJECT: HUDSON RESTAURANT SERVICES, LLC  
Ref. Number: W09000036562

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

FILED  
09 AUG 12 PM 3:45  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 8/10/09

We have received your document for HUDSON RESTAURANT SERVICES, 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):

Please note that we have RETAINED your \$125.00 payment.

In Article II, the P.O. Box address can serve as the MAILING ADDRESS of the company, but you must also list STREET ADDRESS of the company's principal office.

Please return 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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 309A00027526

RECEIVED  
09 AUG 13 PM 1:48  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 8/10/09

FILED  
09 AUG 12 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I  
NAME**

The name of the Limited Liability Company is HUDSON RESTAURANT SERVICES, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 10 Dodocanese, Tarpon Springs, FL 34689

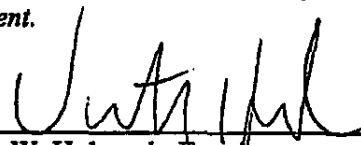
**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective as of August 10, 2009.

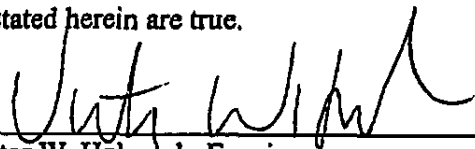
**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 201 N. Armenia Avenue, Tampa, Florida, 33609.

*Having been named as registered agent and to accept service of process for the above-named 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 provision 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.*

  
Victor W. Holcomb, Esquire

IN WITNESS WHEREOF, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Victor W. Holcomb, Esquire