

LD9000096274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

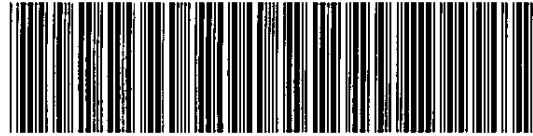
Special Instructions to Filing Officer:

L. SELLERS

OCT - 6 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JACKSON LAW GROUP, LL.M., P.A.

GENERAL PRACTICE; TAXATION, ESTATE PLANNING & ASSET PROTECTION
WWW.JACKSON-LAWGROUP.COM

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ajackson@jackson-lawgroup.com

Jackson Law Group, LL.M., P.A.
Phone (904) 823-3333 • Fax (904) 829-5189
28 Cordova Street • Saint Augustine, Florida 32084
info@jackson-lawgroup.com

TO: Registration Section
Division of Corporations

SUBJECT: Leroy's Cafe, LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Jackson, Esq.
Jackson Law Group, LL.M., P.A.
28 Cordova Street
St. Augustine, FL 32084

For further information concerning this matter, please call:

Andrew Jackson, Esq. at (904) 823-3333

Enclosed is a check made payable to the Florida Department of State for the following amount:
\$125.00 Filing Fee

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
OF
LEROY'S CAFE, LLC**

ARTICLE I - NAME

The name of the limited liability company is Leroy's Cafe, LLC.

ARTICLE II - ADDRESS

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

Principal Office Address:

2555 U.S. 1 South
St. Augustine, FL 32086

Mailing Address:

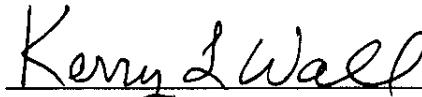
890 Oak Ridge Rd.
St. Augustine, FL 32086

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Kerry L. Wall
890 Oak Ridge Rd.
St. Augustine, FL 32086

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..


Kerry L. Wall

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ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

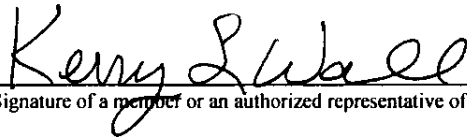
MGMR

Kerry L. Wall
890 Oak Ridge Rd.
St. Augustine, FL 32086

MGMR

Jennifer J. Wall
890 Oak Ridge Rd.
St. Augustine, FL 32086

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.)

Kerry L. Wall

Typed or printed name of signee

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