# LU9000097203

(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



500161437575

10/08/09--01025--010 \*\*125.00

TALLAHASSEC FLORIDA

RECEIVED

B. KOHR 0CT - 8 2009

**EXAMINER** 

09 OCT -8 PM 1:22



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

October	8,	2009
---------	----	------

S	ERVICES	CORPORATION NAME (S) AND DOCUMENT NUMBER (S) Kountry Kitchen, LLC
	Filing Evidence  ☑ Plain/Confirmation Copy	Type of Document  ☐ Certificate of Status
	□ Certified Copy	☐ Certificate of Good Standing
		□ Articles Only
	Retrieval Request  Photocopy  Certified Copy	<ul> <li>□ All Charter Documents to Include Articles &amp; Amendments</li> <li>□ Fictitious Name Certificate</li> <li>□ Other</li> </ul>
	NEW FILINGS	AMENDMENTS
	Profit	Amendment
	Non Profit	Resignation of RA Officer/Director
Х	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	OTHER FILINGS	REGISTRATION/QUALIFICATION
	Annual Reports	Foreign
	Fictitious Name	Limited Liability
	Name Reservation	Reinstatement
	Reinstatement	Trademark
		Other

#### **ARTICLES OF ORGANIZATION**

#### **FOR**

#### ANGIE'S KOUNTRY KITCHEN, LLC.



The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

## ARTICLE I

The name of the limited liability company shall is ANGIE'S KOUNTRY KITCHEN, LLC. (the "Company").

# ARTICLE II ADDRESS

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

Principal Office Address:

3297 Caverns Road

Marianna, Florida 32446

Mailing Address

3297 Caverns Road

Marianna, Florida 32446

with the privilege of having its offices and branch offices at other places within or without the State of Florida.

# ARTICLE III REGISTERED AGENT AND REGISTERED OFFICE

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

Frank E. Bondurant 4450 Lafayette Street Marianna, Florida 32446

# ARTICLE IV MANAGERS OR MANAGING MEMBERS

The Limited Liability Company will be a member-managed company. The name and address of the sole managing member are:

Title:

**Name and Address:** 

Managing Member

Angie Tyus 4964 Camellia Drive Marianna, Florida 32446

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization this <u>カナト</u> day of <u>೧ェナットッ</u>, 2009.

(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.)

ANGIE TYUS, Someon Managing Member

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement designating the registered office/registered agent, in the State of Florida.

FIRST - The name of the Limited Liability Company is **ANGIE'S KOUNTRY KITCHEN**, **LLC**.

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

FRANK E. BONDURANT 4450 LAFAYETTE STREET MARIANNA, FLORIDA 32446

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, Florida Statutes.

Dated this 7th day of October, 2009.

FRANK E. BONDURANT,

Registered Agent