

L10000005030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-1176
J. BRYAN JAN - 10 2010

J. BRYAN

JAN 14 2009

EXAMINER

Randy Jones, FIVE
AUTORIZATION BY PHONE TO

CORRECT RA address to be same as principal
DATE 01/14/10 @ 12:21 pm
OFFICE

DOC. EXAM

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Johnny's Italian & Mediterranean Restaurant, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Randolph F. Jones, CPA

(Name of Person)

Donovan Bell and Associates, CPA's PA

(Firm/Company)

3670 US Hwy 1 South, Ste. 290

(Address)

St. Augustine, FL 32086

(City/State and Zip Code)

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For further information concerning this matter, please call:

Randolph F. Jones, CPA at (904) 797-6660

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 filing Fee

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2010

RANDOLPH F. JONES, CPA
DONOVAN BELL AND ASSOCIATES, CPA'S PA
3670 US HWY 1 SOUTH, STE. 290
ST. AUGUSTINE, FL 32086

SUBJECT: JOHNNY'S ITALIAN & MEDITERRANEAN RESTAURANT, LLC
Ref. Number: W10000001176

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JOHNNY'S ITALIAN & MEDITERRANEAN RESTAURANT, 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):

The registered agent must have a Florida street address. A post office box is not acceptable.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 710A00000749

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

ARTICLE I – Name:

The name of the limited Liability Company is:

Johnny's Italian & Mediterranean Restaurant, LLC

ARTICLE II – Address:

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

Principal Office Address:

Johnny's Italian & Mediterranean Restaurant, LLC

10 Palm Harbour Village Way (C/O KIRK & D)

Palm Coast, FL 32137

Mailing Address:

Johnny's Italian & Mediterranean Restaurant, LLC

PO Box 3406

St. Augustine, FL 32084

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Sam Alkhoury

Name

10 Palm Harbour Village Way

PO Box 3406

Florida street address (P.O. Box NOT acceptable)

Palm Coast, FL 32137

St. Augustine, FL 32084

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

X Sam Alkhoury

Registered Agent's Signature

ARTICLE IV – Manager(s) or Managing Member(s):

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

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address

MGRM

Sam Alkhoury

PO Box 3406

St Augustine, FL 32084

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

X *Sam Alkhoury*

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.)

Sam Alkhoury

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)