## L1000012645

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomess Line)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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10 FEB -1 PM 1: 46

S. HAWKES
FEB 2 2010
EXAMINER

## **COVER LETTER**

TO:	Registration Division of C	Section Corporations	
SUBJECT:		T	ne Comer Grille
		Name of Limi	ed Liability Company
The en	closed Articles	of Organization and fee(s) are	submitted for filing.
Please	return all corre	spondence concerning this mat	ter to the following:
		A	tilla Demirhan
			Name of Person
		Th	e Corner Grille
			Firm/Company
		134	S. Kentucky Ave.
			Address
		Lak	eland, FL 33803
		Ci	y/State and Zip Code
	<u>.</u>	atillade	nirhan@hotmail.com for future annual report notification)
For fur	ther information	n concerning this matter, pleas	•
	<del></del>	a Demirhan	at ( 863 ) 412-2628
	Nam	e of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check	for the following amount:	
<b>]\$</b> 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional 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

The name of the Lir	ie:		
	mited Liability Compan	y is:	
		r Grille, LLC	<u> </u>
(Mus	et end with the words "Limited	Liability Company," "L.L.C.," or "LLC.")	TO THE
ARTICLE II - Add The mailing address	iress: s and street address of the	ne principal office of the Limited Liab	ility Company is:
Principal Office A	ddress:	Mailing Address:	1: 45 FLORI
134 S. Kentucky A	\ve	5271 Montserrat Dr.	
Lakeland, FL 338	03	Lakeland, FL 33812	<del></del>
The name and the Till			
i ne name and the r	Atilla	the registered agent are:  Demirhan	
i ne name and the r	Atilla N	Demirhan	
ine name and the r	Atilla N 5271 M	Demirhan lame	
ine name and the r	Atilla N 5271 M	Demirhan lame ontserrat Dr.	
ine name and the r	Atilla N 5271 Mo Florida street address o Lakeland,	Demirhan iame ontserrat Dr. (P.O. Box <u>NOT</u> acceptable)	

(CONTINUED)

## Page 1 of 2

<b>ARTICLE IV</b>	- Manager	s) or Mana	ging Member(s):
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	Manager	Atilla Demirhan 5271 Montserrat Dr. Lakeland, FL 33812	
		TO FEB - I	<u>-1</u>
	(Use attachment if necessary)	AH 1: 46 E.FLORIDA	כה
(If an	ICLE V: Effective date, if other than the	date of filing: February 1, 2010 (OPTIONAL) e specific and cannot be more than five business days prior	r
	REQUIRED SIGNATURE:	wan	
	(In accordance with sec	tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)	
	Filling Fees:	Atilla Demirhan ped or printed name of signee	
	\$125.00 Filing Fee for Articles of Organ	election and Decignation	

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)