

L10000029473

(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



800170918128

03/04/10--01027--022 **155.00

FILED
10 MAR 15 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
MAR 16 2010
EXAMINER

S. HAWKES
~~MAR 5 2010~~
EXAMINER

110-11359



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2010

STANLY W PATE
1100 TAMiami TR N
NAPLES, FL 34102

SUBJECT: JULSTAN PARTNERSHIP L.L.C.
Ref. Number: W10000011359

We have received your document for JULSTAN PARTNERSHIP L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PARTNERSHIP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 710A00005544

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JULSTAN PARTNERSHIP L.L.C.
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:

STANLY W. PATE
Name of Person

PATE'S STEAKHOUSE
Firm/Company

1100 TAMiami TR. N.
Address

NAPLES, FL. 34102
City/State and Zip Code

PATESNAPLES@EMBARQMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STANLY W. PATE at (239) 398-7020
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, 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

FILED

10 MAR 15 PM 12:04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

JULSTAN L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1100 TAMiami TR. N.
NAPLES FL. 34102

PATE'S STEAKHOUSE
1100 TAMiami TR. N.
NAPLES FL. 34102

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

STANLY W. PATE

Name

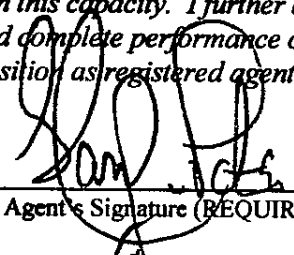
1100 TAMiami TR. N.

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

NAPLES FL 34102

City, State, and Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

MGR

MGRM

STANLY W. PATE
2278A ANCHORAGE LN.
NAPLES, FL. 34104

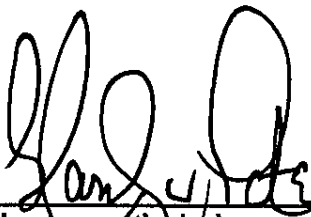
JULIE F. PATE
2278A ANCHORAGE LN.
NAPLES, FL. 34104

(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:



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.)

STANLY W. PATE

Typed or printed name of signee

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)

FILED

10 MAR 15 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA