Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000114223 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

ivision of Corporation

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (212)431-5000 Phone

Fax Number : (212)431-1441

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

Pirate Taco's, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

MAY 1 2 2010

Electronic Filing Menu

Corporate Filing Menu

Help

•	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED		
ARTICLEMSCHILL CONTROL AND ARTICLES AND ARTICLES	I I A DIT	ITANIA ANTONIA MANAGAMATAN ANTONIA NA
	I I A RII .	

ARTICLE I - Name: The name of the Limited Liability Con	mpany is:	2010 MAY SECRETA
Pirate Taco's, LLC		AY 11 ETARY (HASSE
ARTICLE II - Address:		19 A
The mailing address and street address	s of the principal office of the Limited L	lability Company is:
Principal Office Address:	Mailing Address:	55 EE 55
5169 Oxford Lane	5169 Oxford Lane	
Sarasota, FL 34242	Sarasota, Fl. 34242	
		<u> </u>
ARTICLE III - Registered Agent, R	Registered Office, & Registered Agent'	s Signature:
The name and the Florida street addre	ss of the registered agent are:	
Jeffn	ey W Hanretty, CPA	,
Name		
643 Calle De Peru		•
Floric	da street address (P.O. Box NOT acceptable)	
Sarasota	FL 34242	:
	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 E.S.

Registerod Agent's Signature
Jeffyey W Hantecty, CPA

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Fax:888-692-9256

<u>Title:</u>	Name and Address:
"MGR" = Manager	. "
"MGRM" = Managing Member	
MGRM	Jeffrey Foltz
	5169 Oxford Lane
	Sarasota, FL 34242
MGRM	Dave Shannon
	440 Avenida DeMayo
	Sarasota, FL 34242
MGRM	Dana Shannon
	440 Avenida DeMayo
	Saresota, FL 34242
	ROA
(Use attachment if necessary)	A
NOTE: An additional article must	t be added if an effective date is requested.
REQUIRED SIGNATURE	<u> </u>
REQUIRED SIGNATURAL	1
1116	. Wh
Signature of a member	r or an authorized representative of a member.
(In accordance with se of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
	Jeff Foltz
T	yped 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)