L10000063300

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

JUN 15 2010

EXAMINER

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SECRETARY OF STATE
AHASSEE, FLORID

COVER LETTER

Registration Section
Division of Corporations

TO:

SURJECT: Cuzzy's	Key West Seafood Sh	ack, LLC	
50 b 02c1		ted Liability Company	
	of Organization and fee(s) are	-	10 JUN 15 SECRETAL
Robert A. We	eiss		SER SY
		Name of Person	FLORI
		Firm/Company	P
1121 Lasswa	de Drive		
		Address	
Tallahassee,	Florida 32312		
		ty/State and Zip Code	
raw@phrd.co		for future annual report notification)	
For further information	concerning this matter, pleas	e call:	
Robert A. Weiss		at (850) 385-4498	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name:

The name of the L	imited Liability Compa	any is:	
Cuzzy's Key We	est Seafood Shack	, LLC	
(M	ust end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	ldress:		
The mailing address	ss and street address of	f the principal office of the Limited	Liability Company is:
Principal Office A	Address:	Mailing Address:	"10 SE:
Robert A. Weiss		Robert A. Weiss	₽ €
1121 Lasswade Drive		1121 Lasswade Drive	AS A
Tallahassee, Florida 3	2312	Tallahassee, Florida 32312	S 20
(The Limited Liability C business entity with an	ompany cannot serve as its ov active Florida registration.)	istered Office, & Registered Agen wn Registered Agent. You must designate an in	divisite of another of the divisite of the div
The name and the	Florida street address of	of the registered agent are:	,
	Robert A. Weiss		
		Name	
	1121 Lasswade Dri	ve	
	Florida st	treet address (P.O. Box <u>NOT</u> acceptable)	
	Tallahassee	FL 32312	
	•	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

Title:	Name and Address:	
"MGR" = Manager		Z.
"MGRM" = Managing Member		
MGRM	Robert A. Weiss	AH.
	1121 Lasswade Drive	S ≥ F
	Tallahassee, Florida 32312	38 ×
MGRM	Doug Treadway	
	3760 Salty Lane	22
	Tallahassee, Florida 32312	<u> </u>
MGRM	Bruce Wood	
	2008 Chatsworth Way	
	Tallahassee, Florida 32309	
MGRM	Larry Pinder	
	420 Ridgeview Park Circle East	
	Tallahassee, Florida 32301	
(Use attachment if necessary)		
•		
	e date of filing: be specific and cannot be more than	

· 我说话的一句话是是一种的人,我们就是一个人的人,我们就是一个人的人。

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.)

Vped 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)