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FILED 2018 JUL -8 M II: 16 SECRETARY OF STATE SECRETARY OF STATE

C. LEWIS

JUL 9 2010

EXAMINER

COVER LETTER

Division of C	or por acions	•	•	
SUBJECT: HOLLY	WOOD CAFE LLC			
	Name of Limit	ed Liability Com	pany	
The enclosed Articles	of Organization and fee(s) are	submitted for fili	ng.	f .
Please return all corres	pondence concerning this mat	ter to the following	ng: .	
	•		•	
HEZI GABAI				
,		Name of Person		•
HOLLYWOO	אם כאבב וו כ			:
HOLLYWOO	DD CAFE LLC	Firm/Company		
		T min Company		j
105 N MAIN	ST			
	,	Address		·
			•	
WILDWOOD				
	Cit	y/State and Zip Co	de	
heziga@gma		 	· · · · · · · · · · · · · · · · · · ·	
	E-mail address: (to be used	for future annual re	port notification)	
For further information	concerning this matter, please	e call:		
HEZI GABAI		at (404	_ ₎ 452 7397	
Name	of Person	Area Coo	de & Daytime Tel	ephone Number
Enclosed is a check f	for the following amount:			
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Co (additional co	•	\$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	Registra Division Clifton 2661 Ex	Courier Address ation Section n of Corporation Building xecutive Center ssee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILDWOOD 34785

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")							
ARTICLE II - Address:							
The mailing address and street address	s of the principal office of the Limited Liability Company is:						
Principal Office Address:	Mailing Address: 105 N MAIN ST WILDWOOD FL 34785 912 HENDERSON LN THE VILLAGES FL 32162						
HEZI GABAI							
ELLEN AVEN							
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street addres	AS:						
HEZI GABAI	REP F						
	Name SSRY						
105 N MAIN ST							

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..

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

The name and address of each Ma	anager or Managing Member is as follows:	2019 JUL -8	AM 11: 16
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY TALLAHASSI	OF STATE EE.FLORID
HEZI GABAI MGK	105 N MAIN ST WILDWOOD FL 34785		
ELLEN AVEN MGR	912 HENDERSON LN THE VILLAGES FL 32	2162	
	the date of filing: JULY 5 2010 st be specific and cannot be more than five		
REQUIRED SIGNATURE:			
Signature of a me	mber or an authorized representative of a member	 er.	
(In accordance with	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjud herein are true.)	l	

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)

Typed or printed name of signee