

L1000007770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

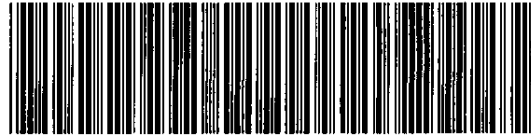
Special Instructions to Filing Officer:

A. LUNT

JUL 23 2010

EXAMINER

Office Use Only



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~~25.00~~ \$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 22 PM 3:42

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MON AMI CHICKEN & SEAFOOD RESTAURANT, LLC
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:

VANESSA NATTA

Name of Person

MON AMI CHICKEN & SEAFOOD RESTAURANT, LLC

Firm/Company

P.O. BOX 1892

Address

EUSTIS, FL 32727

City/State and Zip Code

AJONES23@CFL.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA NATTA

Name of Person

at (352) 988-8295

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MON AMI CHICKEN & SEAFOOD RESTAURANT, LLC

(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:

929 BAY STREET
EUSTIS, FL 32727

Mailing Address:

P.O. BOX 1892
EUSTIS, FL 32727

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:

ANDREAETTA JONES

Name

3114 GULFSTREAM RD.

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

ORLANDO, FL 32805

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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:

MGRM

VANESSA NATTA

P.O. BOX 1892

EUSTIS, FL 32727

MGRM

ANDENESCIA WALTERS

424 ORANGE AVE.

EUSTIS, FL 32726

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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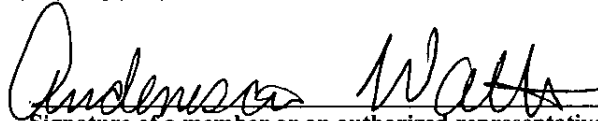
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/14/10. (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.)

ANDENESCIA WALTERS

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)