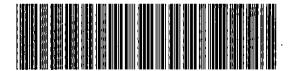
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(Requestor's Name)
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PICK-UP WAIT . MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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D. BRUCE
AUG 27 2010
EXAMINER

## COVER LETTER

A,

7

**Registration Section** Division of Corporations

TO:

• •							
SUBJECT: Mickey	's Lakeside Cafe						
		ed Liability Com	pany				
The enclosed Articles of	of Organization and fee(s) are	submitted for file	ing.				
Please return all corresp	ondence concerning this matt	ter to the following	ng:				
Frances Sai	ntagata						
		Name of Person					
Mickey's Lai	keside Cafe						
<del></del>		Firm/Company					
1546 Cristot	oal Drive						
		Address					
Tallahassee	, Florida 32303			ָרָ רָרָ		10 A	٠.
***************************************		y/State and Zip Co	xde			ਨਿ	1
fslager@yah				· <u>c</u>	) ) ) )	26	
	E-mail address: (to be used t	for future annual re	port notification)	Ĺ	<del>1</del> 🔾	=	I
For further information	concerning this matter, please	e call:		. 60	ည်လ	A Ö	C
<b>.</b>			004 700			0	
Frances Santaga	of Person	at ( 850	224-7991 de & Daytime Tele				
Name	011 (13011	Augu Co	ac & Dayline Tell	ephone (vanise)			
Enclosed is a check for	or the following amount:						
□\$125.00 Filing Fee	2\$130.00 Filing Fee & Certificate of Status	U\$155.00 Fill Certified C (additional co		2 \$160.00 Filing Certificate of S Certified Copy (additional copy i	Status 7		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton	Courier Address ation Section on of Corporation Building executive Center (	s			

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company	y is:	
Mickey's Lakeside Cafe, LLC		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of th	e principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
1546 Cristobal Drive	1546 Cristobal Drive	
Talluhissee, FL 32303	Tallynssee, Fl. 323	303
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		dual or abother
The name and the Florida street address of t	he registered agent are:	Wé 2
Frances Santagata		Any SSE
N	ame	
1546 Cristobal Drive	9	
Florida stree	et address (P.O. Box NOT acceptable)	
Tallahassee	FL 32303	*
Cit	y, 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:

MGRM	Frances Santagata
	1546 Cristobal Drive
	Taflahassee, Florida 32303
	The state of the s
(Use attachment if necessary)	
(,	
LE V: Effective date, if other	than the date of filing: (OPTIONA
Tective date is listed, the date	must be specific and cannot be more than five business days

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.)

Frances Santagata

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)

