

L10000095932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

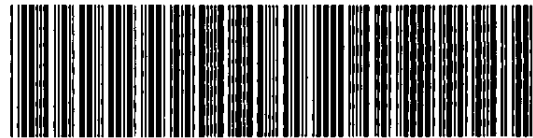
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/13/10--01049--006 **125.00

T. CLINE

SEP 14 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 13 PM 2:14

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**Frost
Brown Todd** LLC
ATTORNEYS

OHIO • KENTUCKY • INDIANA • TENNESSEE • WEST VIRGINIA

Debra C. Roberts
513.651.6114
DROBERTS@FBTLAW.COM

September 9, 2010

VIA UPS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Filing Articles of Organization of The Original Flip Flop Stop, LLC

Dear Sir or Madam:

I have enclosed a cover letter along with the executed Articles of Organization ("Articles") for The Original Flip Flop Stop, LLC (the "Company"). Also enclosed is a check made payable to the Florida Department of State in the amount of \$125.00 representing the appropriate filing fee.

Please endorse your approval of the Articles for the Company and return a file-stamped copy to my attention at the address listed below.

If you have any questions concerning this matter, please contact me. Thank you for your prompt attention to this matter.

Sincerely,

Debra C. Roberts

Debra C. Roberts
OSBA Certified Paralegal

Enclosures

cc: William L. Montague, Esq.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Original Flip Flop Stop, 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:

Debra Roberts

Name of Person

Frost Brown Todd LLC

Firm/Company

201 E. Fifth Street, Suite 2200

Address

Cincinnati, OH 45202

City/State and Zip Code

droberts@fbtlaw.com

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

For further information concerning this matter, please call:

Debra Roberts

Name of Person

at (**513**) **651-6114**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input 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:

The Original Flip Flop Stop, 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:

5700 Gulf Shores Drive
#222
Boca Grande, FL 33921

Mailing Address:

9855 Fox Hollow Lane
Cincinnati, OH 45243

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:

Cynthia P. Boyce

Name

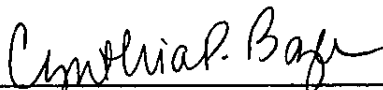
5700 Gulf Shores Drive, #222

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

Boca Grande FL 33921

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

Cynthia P. Boyce

5700 Gulf Shores Drive, #222

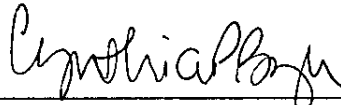
Boca Grande, FL 33921

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____.
(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.)

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OPTIONAL
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

Cynthia P. Boyce

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)