

U10060107774

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

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2010 OCT -4 AM 11:25  
TALLAHASSEE, FLORIDA  
STATE DEPT OF REVENUE

T. CLINE

OCT 15 2010

EXAMINER

EFFECTIVE DATE 10-7-10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2010

YING ZHENG  
5801 NORTH ATLANTIC AVE. #704  
CAPE CANAVERAL, FL 32920

SUBJECT: KOBE SUSHI & GRILL  
Ref. Number: W10000046513

2010 OCT -4 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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We have received your document for KOBE SUSHI & GRILL and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 610A00023550

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kobe Sushi & Grill

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:

Ying Zheng

Name of Person

Kobe Sushi & Grill

Firm/Company

5801 North Atlantic Ave. #704

Address

Cape Canaveral, Florida, 32920

City/State and Zip Code

gjkarras@cfl.rr.com

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

For further information concerning this matter, please call:

George J. Karras

Name of Person

at ( 321 ) 868-2960

Area Code & Daytime Telephone Number

Enclosed is a check for 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 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:

Kobe Sushi & Grill, 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:

5801 North Atlantic Ave., #704  
Cape Canaveral, Florida 32920

#### Mailing Address:

5801 North Atlantic Ave., 704  
Cape Canaveral, Florida 32920

### 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:

George J. Karras

Name

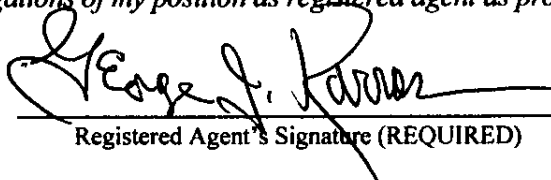
742 Bayside Dr. #301

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

Cape Canaveral FL 32920

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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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

YING ZHENG  
5801 North Atlantic Ave. 704  
Cape Canaveral, FL 32920

MGRM

QING-JIN LU  
5801 North Atlantic Ave. 704  
Cape Canaveral, FL 32920

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7 October 2010. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

YING ZHENG

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)

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CLERK OF STATE  
TREASURY  
FLORIDA