



H100002349833

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

THE BRICK HOUSE SALOON LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

14937 US HIGHWAY 301  
DADE CITY, FLORIDA 33523

FILED  
OCT 27 AM 8:48  
STATE  
FLORIDA

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

DAVID R JOHNSON  
14937 US HIGHWAY 301  
DADE CITY, FLORIDA 33523

Having been named as registered agent 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.

x David R Johnson  
DAVID R JOHNSON / Registered Agent's signature

H100002349833

PAGE 2

THE BRICK HOUSE SALOON LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

**ARTICLE V MANAGERS (optional)**

MANAGER

DAVID R JOHNSON

14937 US HIGHWAY 301

DADE CITY, FLORIDA 33523

FILED  
OCT 27 AM 8:48  
CLERK OF COURT  
DADE COUNTY  
FLORIDA

.....

x David R Johnson

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.

DAVID R JOHNSON

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 OCT 28 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 108002116065

1. Limited Liability Company's Name

Virgil Hauling LLC.

2. Principal Office Address - No P.O. Box #

2355 west michigan D7

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Pensacola, FL.

City & State

Zip

Country

Zip

Country

32505

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

12/22/08

6. FEI Number

80-0319405

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DAVID E. VIRGIL

Street Address (P.O. Box Number is Not Acceptable)

2355 west michigan

Suite, Apt. #, Etc.

D7

City

Pensacola, FL.

State

FL

Zip Code

32505

400187175914  
10/28/10--01002--002 \*\*377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/28/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	DAVID E. VIRGIL	2355 west michigan D7	Pensacola, FL. 32505

**S. HAWKES**

OCT 28 2010

**EXAMINER**

11. E-mail Address virgil.hauling@hotmail.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

[Signature]

Date 11/28/07

Daytime Phone # 904-588-6879

Typed or printed name of signing Managing Member/Manager