L10000124340

(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:

0



500188245945

12/02/10--01027--013 **125.00

SECRETARY OF SHALE BIVISION OF CURPORATION

Office Use Only

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Beachfront Restaurant, Bar & Lounge, 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:
Derrick Treasure
Name of Person
Beachfront Restaurant, Bar & Lounge, LLC
Firm/Company
5930 E Grand Duke Cir
Address
Tamarac, FI 33321
City/State and Zip Code
jean.elkordy@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Derrick Treasure at (954) 658-4853
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
Beachfront Restaurant,	Bar & Lounge, LLC
(Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

203 Garrett Rd	5930 E Grand Duke Cir
Avon Park , Fl 33825	Tamarac FI 33321

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:

ARTICLE I - Name:

Derrick Treasure

5930 E Grand Duke Cir

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

Tamarac FL 33321
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)

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:

"MGR" = Manager "MGRM" = Managing Me	Name and Address:	
MGR	Derrick Treasure	
	5930 E Grand Duke Cir	
	Tamarac FI 33321	
		
		
ffective date is listed, the d	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business date	
CLE V: Effective date, if oth ffective date is listed, the d	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business date	ays pi
CLE V: Effective date, if oth fective date is listed, the date of filing days after the date of filing.	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business date.)	ays pi
CLE V: Effective date, if oth ffective date is listed, the d	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business date.)	ays pi
CLE V: Effective date, if oth fective date is listed, the date of filing days after the date of filing.	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business date.)	ays pi
CLE V: Effective date, if oth ffective date is listed, the date of filing days after the date of filing REQUIRED SIGNATUR	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business date.)	ays pi
CLE V: Effective date, if offective date is listed, the did days after the date of filing REOUIRED SIGNATUR Signature (In accordance with constitutes an affirm I am aware that an	ner than the date of filing: (OPTION ate must be specific and cannot be more than five business dates.)	ays pi
CLE V: Effective date, if offective date is listed, the decoration days after the date of filing accordance with constitutes an affir I am aware that an constitutes a third	ner than the date of filing:	ays pri 10 DEC 2 AM 10:

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)