

L 10000 13/4/12

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

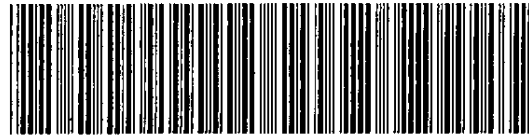
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300195530873

02/22/11--01046--020 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 22 PM 2 14

T. HAMPTON

FEB 23 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Really Something Different, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erin Walker

Name of Person

Korshak & Associates, P.A.

Firm/Company

8680 Commodity Circle , Suite200B

Address

Orlando, Florida 32819

City/State and Zip Code

ewalker@korshaklaw.com

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

For further information concerning this matter, please call:

Erin Walker

Name of Person

at (407)

855-3333

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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

**AMENDED AND RESTATED ARTICLES OF
ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Really Something Different, LLC

ARTICLE II - Address:

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

Principal Office Address:

947 Orange Cosmos Blvd
Davenport, FL 33837

Mailing Address:

P.O. Box 244
Loughman, FL 33858

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.)

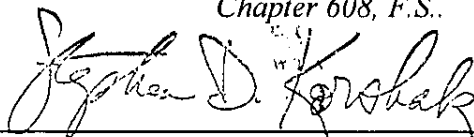
The name and the Florida street address of the registered agent are:

Stephen D. Korshak, Esq.

8680 Commodity Circle, Suite 200B

Orlando, FL 32819

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)

ARTICLE IV-Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 22 PM 2:14



"MGR" = Manager
"MGMR" = Managing Member

<u> MGRM </u>	<u>Gerard Dogge</u> <u>P.O. Box 244</u> <u>Loughman, FL 33858</u>
<u> MGRM </u>	<u>Nadia Zoete</u> <u>P.O. Box 244</u> <u>Loughman, FL 33858</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

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

ARTICLE VI: The purpose of this Limited Liability Company is engaging in the business of and activities related to Entertainment, Catering, Restaurant, and Import/Export.

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.)

<u>GERARD DOGGE</u>	<u>NADIA ZOETE</u>
Typed or printed name of signee	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 22 PM 2:14