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B. BOSTICK

JAN 1 9 2011

EXAMINER

COVER LETTER

Division of Corpo	orations		
SUBJECT: City Rib	s, LLC		
SUBSECT.		ed Liability Company	
The enclosed Articles of Or	ganization and fee(s) are	submitted for filing.	
Please return all correspond	lence concerning this matt	er to the following:	•
Robert A. C	Sarrett Sarrett		
	./	Name of Person	
City Ribs, L	.LC		
444	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
5127 Carible	βLV <i>0</i> oean Drive , #52	1	
3127 Caribi	Jean Lange, #J2	Address	
West Palm B	each, FL 33407	<u></u>	TAL S
	City	y/State and Zip Code	CR JA
	STRYKER	1 6 BEU SOU . or future annual report notification)	TH. NET =
	·	•	8 PH 2
For further information con	cerning this matter, please	e call:	
Robert A. Garrett		at ((561) 723-2729	2: 2 STATI LORII
Name of P	erson	Area Code & Daytime Tele	phone Number 9
Enclosed is a check for the	ne following amount:		
	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 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	imited Liability Company is	is:	
City Ribs, L	LC		
(M	lust end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
		principal office of the Limited Liability Com	pany is
Principal Office	Address:	Mailing Address:	
309 N. Rosemary West Palm Beach		#521 BLVD AS THE West Palm Beach, FL 33407	<u> </u>
(The Limited Liability of business entity with ar	Registered Agent, Registered Company cannot serve as its own Registration.) Florida street address of the	red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another e registered agent are:	Û
	Robert A. Garrett		
	Nam	ne	
	βινο 5127 Caribbean Drive ,) #521	
	5127 Caribbean Drive ,	#521 address (P.O. Box <u>NOT</u> acceptable)	
	5127 Caribbean Drive ,	[*] #521	

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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager		•
"MGRM" = Managing Member		
	BLV0 5127 Caribbean Drive	
Hillary Garrett, MGR	5127 Caribbean-Brive	
	Apt. # 521	
	West Palm Beach, FL 33407	
	BLUD	
Robert A. Garrett, MGR	5127 Caribbean Dibbe	·
	Apt #521	
	West Palm Beach, FL 33407	· · · · · · · · · · · · · · · · · · ·
	BLVD	V
Antionett Garrett, MGRM	5127 Caribbean Drive	
	Apt #521	
	West Palm Beach, FL 33407	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	(#CLAST - 1)	
(The effective of 16 manager)		
(Use attachment if necessary)		
CV E Va Tecantina data icada and a d	- 4ccr January 10, 2011	
CLE V: Effective date, if other than the	e date of filing: January 17, 2011	TOPTIONAL)
	be specific and cannot be more than f	ive business days pri
0 days after the date of filing.)		S≥
		SE co
REQUIRED SIGNATURE:		r (/: 1 1
_		2: 29 STATE LORID,
$\mathcal{D} \cap \mathcal{L}$) <i>-</i> ,	DA G
- 4 / 1 - /		
Novertain	andt	

(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.)

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)