

L11000009521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

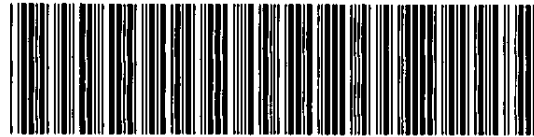
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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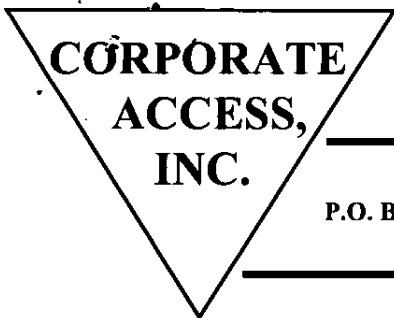
11 JAN 24 AM 11:11

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
JAN 24 2011
EXAMINER

11 JAN 24 PM 2:03

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SECRETARY OF STATE
DIVISION OF CORPORATIONS



[When you need ACCESS to the world]

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-2666

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DIVISION OF CORPORATIONS
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WALK IN

PICK UP:

1/24 EA

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☐ CUS

☒ FILING

UC

1. Fat Daddy's of Lake Weir, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL
INSTRUCTIONS:

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

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DIVISION OF CORPORATIONS
11 JAN 24 PM 2:03

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAT DADDY'S OF LAKE WEIR, LLC

ARTICLE II - Address:

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

Principal Office Address:

10135 SE Sunset Harbor Road
Summerfield FL 34491

Mailing Address:

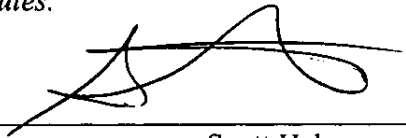
P.O. Box 292
Summerfield FL 34492

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

SCOTT HABER
10135 SE Sunset Harbor Road
Summerfield FL 34491

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, Florida Statutes.



Scott Haber

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

The names and addresses of the Managers are as follows:

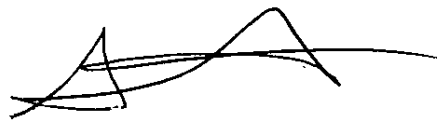
Title:

"MGR"

Name and Address:

Scott Haber
P.O. Box 292
Summerfield FL 34492

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.)

Scott Haber

Typed or printed name of signee