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JAN 31 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Southside Scafood and Grille, 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:

James	s Bradwell			
	<u> </u>	Name of Person		
		Firm/Company		
1238	Selman Rd			
		Address		
Quincy	F1 32351			
(y/State and Zip Code		
jome J	bradwell74040	br future annual report notification)	NO Spaces	_
J	E-mail address: (to be used)	or future annual report notification)		
For further informatio	n concerning this matter, please	e call:		
TD				
	durell	_at (
Nam	e of Person	Area Code & Daytime Tel	lephone Number	
Enclosed is a check	for the following amount:		TA'S	
		—		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Films; Fe	
	Certificate of Status	(additional copy is enclosed)	Certified Copy	
		((additional appy is enclosed)	
				m
	Mailing Address	Street/Courier Address		
	Registration Section	Registration Section		
	Division of Corporations P.O. Box 6327	Division of Corporation Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center		
	••••••	Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address:</u>
731 Lincoln Dr	1238 Selman Rd
Chattahoocher, FI 32324	Quincy, F1 32351
·	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent' \$ 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: James Bradwell		JAN 3 I	
Name 1238 Selmon Rd	OF ST	M 9	D
Florida street address (P.O. Box <u>NOT</u> acceptable) Quin up FL 32351 City. State, and Zip	ANT: MOA	8 2	

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> "MGR" = Manager "MGRM" = Managing Member	<u>Name and Address:</u>
MGRM	IRA Peterson 3221 Whitney Dr E Tallahessee, FI 32309
MGRM	James Bradwell 1238 Selmen Rd Quincy, Fi 32351

(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.)

REQUIRED	SIGNATURE:

James Bradwell	SECISE LELAH	11 JAI	
Signature of a member or an authorized representative of a member.	AS:	ω	
(In accordance with section 608.408(3), Florida Statutes, the execution of this doc constitutes an affirmation under the penalties of perjury that the facts stated hereir	n <u>arc</u> țițue	AN I	m
I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.)	\Box	1	D
James Bradwell	R	6 N	
Typed or printed name of signee	20		

5.

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)