

L110000018091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

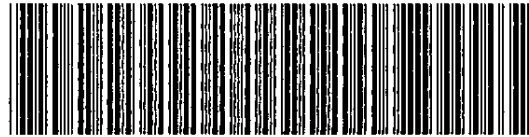
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

FEB 11 2011

EXAMINER



500193327465

02/10/11--01010--009 \*\*155.00

FILED  
11 FEB 10 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRAIG'S CAFE, LLC

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

Please return all correspondence concerning this matter to the following:

Craig R. Carroll  
CRAIG'S CAFE, LLC  
1601 Clint Moore Road  
Boca Raton, FL 33487

For further information concerning this matter, please call:

Craig R. Carroll at (561) 353-8818.

Enclosed is a check for the following amount:

? \$125.00 Filing Fee ? \$130.00 Filing Fee & ☒ \$155.00 Filing Fee & ? \$160.00 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status  
(additional copy enclosed) & Certified Copy  
(additional copy 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**

**ARTICLE I—Name:**

The name of the Limited Liability Company is: CRAIG'S CAFE, LLC.

**ARTICLE II—Address:**

The mailing address and street address of the principal officer of the Limited Liability Company is: 1601 Clint Moore Road, Boca Raton, FL 33487.

**ARTICLE III—Registered Agent, Registered Office & Registered Agent's Signature:**

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

Craig R. Carroll  
9178 S.W. 22<sup>nd</sup> Street, Unit A  
Boca Raton, FL 33428

*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

**ARTICLE IV—Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Craig R. Carroll  
9178 S.W. 22<sup>nd</sup> Street, Unit A  
Boca Raton, FL 33428

**FILED**  
**11 FEB 10 AM 11:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

C. R. Carroll

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.)

Craig R Carroll — CRAIG R CARROLL  
Typed or printed name of signee

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**