

LI1 000033793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

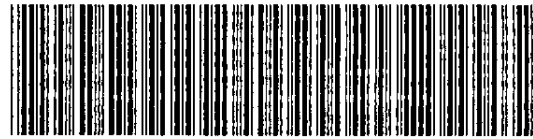
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800198351828

800198351828
03/18/11--01026--028 **160.00

2011 MAR 18 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

MAR 21 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ohana Restaurants

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:

Michael Peek

Name of Person

Ohana Restaurants

Firm/Company

3330 W Hughes Ct

Address

Lecanto Florida 34461

City/State and Zip Code

mike.peek@email.com

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

For further information concerning this matter, please call:

Michael Peek

Name of Person

at (**352**)

340-7124

Area Code & Daytime Telephone Number

2011 MAR 18 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$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
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:

Ohana Restaurants LLC

(Must end with the words "Limited Liability Company, "L.L.C." or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Ohana Restaurants

3330 W Hughes Ct

Lecanto Florida 34461

Mailing Address:

Ohana Restaurants

C/O Michael Peek

3330 W Hughes Ct Lecanto FL 34461

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 other business entity with an active Florida registration.)

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

Michael Peek

Name

3330 W Hughes Ct

Florida street address (P.O. Box **NOT** acceptable)

Lecanto

FL

34461

City, State, and Zip

2011 MAR 18 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)

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

Michael Peek
3330 W Hughes Ct
Lecanto FL 34461

MGRM

John Rodesiler
3850 Black Diamond Circle
Lecanto Florida 34461

MGRM

David Peek
6771 W Edgewood Ln
Homosassa Florida 34448

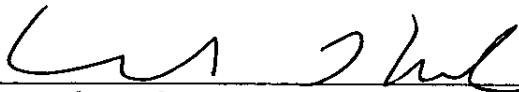
MGRM

Stephen Peek
309 La Hacienda
Indian Rocks Beach Florida 33785

(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:



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.)

Michael Peek

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)

FILED
2011 MAR 18 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA