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Division of Corporations

Pak Number

: (850)617-6383

From:

: TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A. Account Name

Account Number : 076424003301

Phone

1 (813)223-7474

Fax Number

; (813)227-0435

11-1552/RCD

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

#### FLORIDA LIMITED LIABILITY CO. Waterside Culinary Group, LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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Corporate Filing Menu

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**EXAMINER** 

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	E.I	- Name	
		~ . 1 4 3 14 6	

The name of the Limited Liability Company is:

## Waterside Culinary Group, 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:	Mailing Address:	
8824 Fourth Street North	4842 Coquina Key Drive S.	
St. Petersburg, FL 33702-3124	Apartment B	<del></del>
	St. Petersburg, FL 33705	
ARTICLE M - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	n Registered Agent. You must designate an individu	and or another
TK Registered Ag	ent, Inc.	APR I
	Namo	SS 9
101 E. Kenned	ly Blvd., Suite 2700	
Florida str	eet address (P.O. Box NOT acceptable)	
Tampa	<sub>FL</sub> 33602	STATE STATE
	lity, State, and Zip	-

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

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#### 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	Name and Address:
"MGRM" = Managing Member	
MGR	Joseph C. Lukason
<del></del>	Post Office Box 416
	St. Petersburg, FL .33731-0416
MGR	Kathleen A. Lukeson
	Post Office Box 416
	St. Petersburg, FL 33731-0416
	•
<del></del>	
•	
•	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
	e specific and cannot be more than five business days i
90 days after the date of filing.)	
ICLE VI: See attached.	
ICLE VII: See attached.	

REQUIRED SIGNATURE:

Kol- L. Dauken

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.)

Robert C. Decker

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)

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# ATTACHMENT TO ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY NAMED WATERSIDE CULINARY GROUP, LLC

ARTICLE VI: The sole member of Waterside Culinary Group, LLC is Viola C. Swift, Trustee of the Viola C. Swift Living Trust dated November 13, 2003.

ARTICLE VII: Waterside Culinary Group, LLC shall be a manager-managed company.

Signature of authorized representative of a member