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SECRETARY OF STATE
AHASSEF, FLORIDA

J. BRYAN

MAY -4 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor			
<sub>SUBJECT:</sub> Jesup E	Bay Restaurant & E	intertainment Lounge	e, LLC
	<del></del>	d Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
Douglas	MacCartney		
<u> </u>		Name of Person	
Jesup Ba	at Restaurant 8	Entertainment l	Lounge IIC
Josep Be		Firm/Company	Louingo, LLo
1483 Mir	kwood Cove		
1400 14111	KWOOG OOVE	Address	
		1200,000	7 SE -
Oviedo, Flor	ida		SA B T
	_	/State and Zip Code	ASS -2
lindacartney	@bellsouth.net		TARY DI ASSEE.
	E-mail address: (to be used to	or future annual report notification)	T <sub>S</sub>
For further information c	oncerning this matter, please	call:	PR 3: L
Douglas MacCar	rtnev	at (407 366-506	OH W
Name o		Area Code & Daytime Tel	
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 (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
		g	
	Mailing Address Registration Section	Street/Courier Address Registration Section	<u> </u>
	Division of Corporations	Division of Corporation	ns
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center	Circle
	·	2001 Executive Collies	Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Jesup Bay Restaurant & Entertainment Lounge, LLC

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

Δ	RT	Æ.	11 _	Δı	ldr	- ee

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

Principal Office Address:	Mailing Address:	Effective Date	06/01/11
to be determined	Jesup Bay Restaurant & Ente	ertainment Lounge	
	1483 Mirkwood Cove		
	Oviedo, Florida 32765	)	
Oviedo,	registered agent are:	individual or another  SECRETARY OF S  ALLAHASSEE, FL	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)

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:

MGRM	Douglas MacCartney	
	1483 Mirkwood Cove	· · · · · · · · · · · · · · · · · · ·
	Oviedo, Fl. 32765	
MGRM	Linda MacCartney	
	1483 Mirkwood Cove	
	Oviedo, Fl. 32765	
(Use attachment if necessary)		CRETARY OF STATE
	e date of filing: 06-01-2011	OPTIONA

## **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.)

# **Douglas MacCartney**

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)