

#L11000054015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

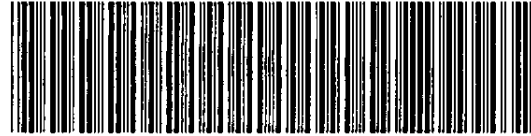
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



400202269954

EFFECTIVE DATE
5/1/2011

04/20/11--01018--007 **155.00

FILED
11 MAY -2 PM 2:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 6 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2011

CLIFTON MCNEALY
409 DR. MARTIN LUTHOR KING BLVD.
PUNTA GORDA, FL 33950

SUBJECT: THE CROCK POT L.L.C.
Ref. Number: W11000022484

We have received your document for THE CROCK POT L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P10000028164 "CROCK POT CORP.".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 711A00009747

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **The Crock Pot L.L.C.**

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:

Clifton Mcnealy

Name of Person

Firm/Company

409 Dr. Martin Luthor King Blvd.

Address

Punta Gorda, FL 33950

City/State and Zip Code

cliftonmcnealy@yahoo.com

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

For further information concerning this matter, please call:

Clifton Mcnealy

Name of Person

at (**941**) **268-6274**

Area Code & Daytime Telephone Number

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:

^{CM}
The Crock Pot ~~D&C~~ Diner L.L.C.

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

EFFECTIVE DATE
5/1/2011

ARTICLE II - Address:

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

Principal Office Address:

2350 Harbor Blvd
Port Charlotte, FL 33952

Mailing Address:

27049 Treadmill Dr.
Punta Gorda, FL 33955

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 another business entity with an active Florida registration.)

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

Clifton Mcnealy

Name

27049 Treadmill Dr.

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

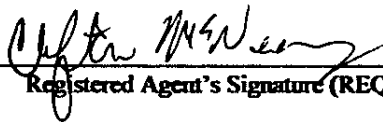
Punta Gorda

FL 33955

City, State, and Zip

FILED
11 MAY -2 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

Clifton McNealy

27049 Treadmill Dr.

Punta Gorda FL 33955

MGR

Ricky McNealy

49 409 E. Virginia Ave

Punta Gorda FL 33950

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 1 2011 (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.)

Clifton McNealy

Typed or printed name of signer

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)