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(Re	questor's Name)	
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**EXAMINER** 

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DEFINE OF CORPORATIONS BEGAN

## **COVER LETTER**

TO: Registrati Division o	on Section f Corporations	
SUBJECT: Gre	eat American Sandv	wich Station, LLC
	Name of Limit	led Liability Company
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.
Please return all con	respondence concerning this mat	ter to the following:
Kenne	th T Durkin	
		Name of Person
Great	American Sandwic	h Station, LLC
		Firm/Company
480 Kit	trell Rd	
		Address
Quincy,	Fl. 32351	
		ty/State and Zip Code
paulettea	hayes@gmail.com E-mail address: (to be used	for future annual report notification)
For further informat	ion concerning this matter, pleas	e call:
Paulette A Du	rkin	at (850 ) 875 6129
Na	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertified 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

Δ	RT	Er.	T _ `	Na	me:
-	T. I	 	_	ия	11111

The name of the Limited Liability Company is:

### Great American Sandwich Station, 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:
480 Kittrell Rd.	480 Kittrell Rd.
Quincy, Fl. 32351	Quincy, Fl. 32351
<del></del>	<del></del>

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:

Paule	tte An	n DyrKin
	Name	
480	Kittre	211 Rd
Florida	street address (P.C	D. Box NOT acceptable)
Quincy	FL	32351
- 1	City, State, and 2	Cip Cip

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:

"MGR" = Manager "MGRM" = Managing ]	Name and Address:  Member
MGR	Kenneth Terry Durkin, Sr.
	480 Kittrell Rd.
	Quincy, Fl. 32351
MGR	Paulette Ann Durkin
	480 Kittrell Rd.
	Quincy, Fl. 32351
MGRM	Kenneth Terry Durkin
<del></del>	480 Kittrell Rd.
	Quincy, Fl. 32351
MGRM	Melissa Ann Durkin
	410 Kittrell Rd.
	Quincy, Fl. 32351
LE V: Effective date, if	other than the date of filing: (OPTION
(Use attachment if nece LE V: Effective date, if ffective date is listed, the days after the date of fine REQUIRED SIGNAT	other than the date of filing: (OPTION e date must be specific and cannot be more than five business dating.)
ELE V: Effective date, if ffective date is listed, the days after the date of fi  REOUIRED SIGNAT  Signate  (In accordance constitutes an a I am aware that constitutes a the	other than the date of filing:  date must be specific and cannot be more than five business dataling.)  URE:  ure of a member or an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.155, F.S.)
LE V: Effective date, if fective date is listed, the days after the date of fine REOUIRED SIGNAT  Signate  (In accordance constitutes an a I am aware that constitutes a the constitutes and constitutes a the constitutes a the constitutes and constitutes are the constitutes and constitutes and constitutes are the constitutes and constitutes and constitutes are the constitutes and constitutes and constitutes and constitutes are the constitutes and constitutes and constitutes are the constitutes are the constitutes are the constitutes are the constitutes and constitutes are the c	other than the date of filing:
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LE V: Effective date, if fective date is listed, the days after the date of fi  REOUIRED SIGNAT  Signate  (In accordance constitutes an a I am aware that constitutes a the	other than the date of filing:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)