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(Re	equestor's Name)		
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09/12/11--01022--027 **130.00

Effective Date 9/30/11

FILED 11 SEP 12: AM 11: 54 SECRETARY OF STATE TALLAHASSEE, FI TOBIE

T. HAMPTON

EXAMINED

COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	PoGirls, LLC	
		ted Liability Company
The enclosed	Articles of Organization and fee(s) are	submitted for filing.
Please return	all correspondence concerning this ma	tter to the following:
Mai	ry Strickland	
		Name of Person
TJ'	s Seafood Shack	
		Firm/Company
981	I E Lake Sue Avenue	
		Address
Win	ter Park, FL 32789	
	C	ity/State and Zip Code
mst	rickland5@cfl.rr.com	for future annual report notification)
For further in	formation concerning this matter, pleas	·
roi tuttici ili	formation concerning this matter, pleas	ee can:
Mary Stri		at (407) 637-1007
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:	
]\$125.00 Filin _i	g Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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

Effective Date 9/30/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
PoGirls, 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	ne principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Mary Strickland	981 E Lake Sue Avenue, Winter Park, FL 32789	
(The Limited Liability Company cannot serve as its own l business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
The name and the Florida street address of	the registered agent are:	
Mary Strickland	· · · · · · · · · · · · · · · · · · ·	
·	ame	
981 E Lake Sue Av	renue	
Florida stree	et address (P.O. Box NOT acceptable)	
Winter Park,	FL 32789	
Cit	y, State, and Zip	
Having have named as registered agent an	d to accent service of process for the above stated limited	

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.

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Page 1 of 2

(CONTINUED)

11 SEP 12 AM II: 54
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	Mary Strickland	
	981 E Lake Sue Avenue	
	Winter Park, FL 32789	
-	<u> </u>	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing:, 9-30-11 (OPTIONAL) be specific and cannot be more than five business days p)rioı
REQUIRED SIGNATURE:		
Signature of a memb	Stuckland er or an authorized representative of a member.	
constitutes an affirmation under I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State mation submitted in s.817.155, F.S.)	
Mary Strickla		
T	yped or printed name of signee	
Filing Rees:	a	

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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