

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
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11 SEP 16 PM 1:22
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TILLWELL ENTERPRISES & RESTAURANT GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

J. BRYAN

SEP 19 2011

EXAMINER

FAX AUDIT NO.: H11000227411 3

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
STILLWELL ENTERPRISES & RESTAURANT GROUP, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

In Article I, name misspelled, should be Stilwell Enterprises & Restaurant

Group, LLC, in Article IV, Name and Address, name misspelled, should be

Sandra K. Stilwell, Trustee of the Sandra K. Stilwell Revocable Trust u/a/d

8/28/07

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: September 16 2011

Signature of a member or authorized representative of a member

David K. Fowler

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E062 (08/05)

FAX AUDIT NO.: H11000227411 3

FILED
IN SEP 16 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H11000227411 3

FAX AUDIT NO.: H11000226397 3

FILED
10 SEP 16 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Stillwell Enterprises & Restaurant 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:11508 Andy Rosse Lane
Captiva, FL 33924**Mailing Address:**P. O. Box 848
Captiva, FL 33924**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:

David K. Fowler

Name

1648 Periwinkle Way, Suite BFlorida street address (P.O. Box **NOT** acceptable)Sanibel, FL 33957

FL

City, 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

FAX AUDIT NO.: H11000226397 3
FAX AUDIT NO.: H11000227411 3

FAX AUDIT NO.: H11000227411 3
 FAX AUDIT NO.: H11000226397 3

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 TALLAHASSEE, FLORIDA

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

Sandra K. Stillwell, Trustee of the Sandra K.
 Stillwell Revocable Trust u/a/d 8/28/07
 P. O. Box 848, Captiva, FL 33924

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

David K. Fowler, Esq.

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)