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HILEU

T. HAMPTON

SEP # 7 2011

EXAMINER

# **COVER LETTER**

TO: Registration Division of C	Section Corporations		
<sub>subject:</sub> Napl	es Sports Grill, LL	.C	
		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
Brenda	Briggs		
		Name of Person	
		Finn/Company	
2525 To	legraph Road, Suit		
2020 16	legraph Noad, Sun	Address	
Dlaamfiala	LUU MI 40202		
bloomileic	J Hills, MI 48302	ty/State and Zip Code	
bbriggs@a	ıskarmanagementgro	up.com	
		for future annual report notification)	-
For further information	n concerning this matter, please	e call:	
Brenda Briggs		at (248 888-7272 x216	
Name	e of Person	Area Code & Daytime Telephone Nun	nber
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	_	Certified Copy Certific (additional copy is enclosed) Certific	0 Filing Fee, cate of Status & ced Copy had 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	:
* * * * * * * * * * * * * * * * * * * *	- 1111111	,,

The name of the Limited Liability Company is:

# Naples Sports Grill, 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:

2525 Telegraph Road

Suite 304

Bloomfield Hills, MI 48302

2525 Telegraph Road

Suite 304

Bloomfield Hills, MI 48302

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:

CT Corporation System

Name

# 1200 South Pine Island Road

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

**Plantation** 

FL 33324

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

FILED
2011 SEP 26 AM 11: 30
SECRETARY OF STATE
SECRETARY OF STATE

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

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

Manager	Bassam "Sam" Askar	
	2525 Telegraph Road, Suite 304 Bloomfield Hills, MI 48302	
	Bloomfield Hills, MI 48302	
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(Use attachment if necessary)		
IF V. Effective date if other than	the date of filing: (OPTIO	ONA
Factive date is listed the date mus	t be specific and cannot be more than five business	o dovi

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.)

Bassam "Sam" Askar

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)