

#L12000008192

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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12 JAN 17 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
THE REEF-RESTAURANT & RAWBAR, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

K. BALLY
EXAMINER
JAN 18 2012

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Corporate Filing Menu

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H12000014147

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Reef - Restaurant & Raw Bar, 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:

126 W. Boynton Beach Blvd
Boynton Beach, FL
33435

Mailing Address:

2200 NE 48th Ct
Lighthouse Pt, FL
33064

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

A 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:

Susan Leboeuf

Name

2200 NE 48th Ct

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

Lighthouse Pt, FL 33064

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.

Sim Leboeuf

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

SUSAN Leboeuf
2200 NE 48th Ct
Lighthouse Pt, FL 33064

MGRM

Guy Leboeuf
2200 NE 48th Ct
Lighthouse Pt, FL 33064

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
an effective date is listed, the date must be specific and cannot be more than five business days prior
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.)

SUSAN Leboeuf

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)

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STATEMENT OF OWNERSHIP

This certifies that I, Susan Leboeuf am a member or
(APPLICANT'S NAME)
managing member of The Reef - Restaurant & RAW BAR
(LIMITED LIABILITY COMPANY)
I own 52 % of the units issued by the Limited Liability Company
listed above.

Affidavit of Applicant: I certify that the information contained herein is true
and correct to the best of my knowledge.

Susan Leboeuf
(PRINT NAME)

Sm Leboeuf
(APPLICANT'S SIGNATURE)

1-17-12
(DATE)

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