L1200001544/

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (values) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Duning Fully Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

2012 FEB - 1 PM L: 1

J. SAULSBERRY EXAMINER

FEB 1 2012

COVER LETTER

| Division of | Corporations | | | | | |
|------------------------|---|--|---|--|-------------|--|
| SUBJECT: Bird | rock Coastal Diner | , LLC | | | | |
| | Name of Limit | ed Liability Comp | any | | | |
| The enclosed Article | es of Organization and fee(s) are | submitted for filin | ıg. | | | |
| Please return all corr | espondence concerning this mat | ter to the followin | g: | | | |
| David S | Shiplett | | | | | |
| | | Name of Person | | | _ | |
| SOMA | Diner | | | | | |
| | | Firm/Company | | | | |
| 616 10 | h St E | | | | | |
| | | Address | | | | |
| Bradento | on, Fi. 34208-1418 | | | TAL | 201 | |
| | • | y/State and Zip Cod | e | L AH | 3 FE | -1- |
| somadine | er@yahoo.com E-mail address: (to be used f | or future annual rep | ort notification) | A 7. | | - |
| For further informati | on concerning this matter, please | | ····, | 1.338 1.338 | PX | |
| David Shiplett | | at (941 | 748.0002 | LORID | PM 4: 42 | ************************************** |
| Na | me of Person | Area Cod | e & Daytime Tele | | 10 | |
| Enclosed is a checl | k for the following amount: | ٠ | | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Fili Certified Co (additional cop | рру | \$160.00 Filing F Certificate of Stat Certified Copy (additional copy is er | us & | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrat Division Clifton I 2661 Ex | Courier Address tion Section of Corporations Building secutive Center Cosee, FL 32301 | • | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - N | ame: |
|-----------------|--------|
| The name of the | Limite |
| | • |

The name of the Limited Liability Company is:

Birdrock Coastal Diner, 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: |
|---------------------------|--|
| 616 10th St É | 616 10th St. E |
| Bradenton, FI 34208-1418 | Bradenton, Fl. 34208-1418 |
| | ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: |
| | Name FÓ P F |
| 616 10th St. | |
| Florida s | treet address (P.O. Box NOT acceptable) |
| Bradenton | FL 34208-1418 |
| • | 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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** David Shiplett 616 10th St. E Bradenton, FI 34208-1418 (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

(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.)

Signature of a member or an authorized representative of a member.

David Shiplett

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)