

# L12000049268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

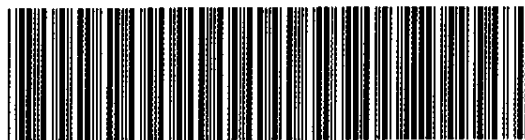
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

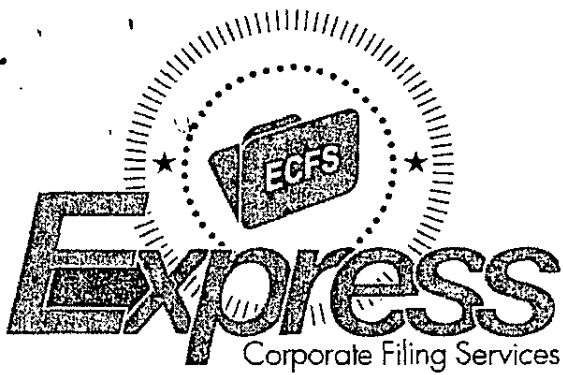
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12 APR 10 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

APR 11 2012



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Hole in the Wall Tavern, LLC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

FILED  
12 APR 10 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

**NAME**

The name of the Limited Liability Company is:

**HOLE IN THE WALL TAVERN, LLC.**

**ARTICLE II**

The mailing address and street address of the principal office of the  
Limited Liability Company is: 14500 SW 79<sup>th</sup> Avenue, Palmetto Bay,  
Florida 33158.

**ARTICLE III**

Registered Agent, Registered Office, and Registered Agent's  
Signature:

The name and the Florida street address of the registered agent is:

NAME: GARY R MARLIN  
ADDRESS: 250 Catalonia Avenue  
Suite 303  
Coral Gables, FL 33134

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.

  
GARY R MARLIN  
Registered Agent

**ARTICLE IV – Management**

  X   The Limited Liability Company is to be managed by one or more member-managers and is, therefore, a member managed company.



**CRAIG ERICKSON  
MEMBER-MANAGER**



**SAM DIEDRICK  
MEMBER-MANAGER**

(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).