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SECRETARY OF STATE

T. CLINE

MAY - 8 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The French Dip Creperie LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Phillip M. Mercer	
(Name of Person)	
The French Dip Creperie UC	
III Beck Avenue Apt. C	
Panama City, FL 32401 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Millip M. Mesces at (850) 276-2925 PER (Area Code & Daytime Telephone Number) PRE 1	are Lij
Enclosed is a check for the following amount:	artina t
\$125.00 Filing Fee \$\times 130.00 Filing Fee & \$\times 155.00 Filing Fee & \$\times 160.00 Filing Fee,	* !
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:
The name of the Limited Liability Company is:
The French Dip Crepeile LLC  (Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "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:
1105 Beck Avenue 1106 Beck Avenue Panama City, Fl 32401
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:
Phillip Mercer  Name  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.,
Dl:[~///_!
Registered Agent's Signature (REQUIRED)
registered Agent's digitature (NEQUINED)

Page 1 of 2

(CONTINUED)

## The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.) 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.) nillio Mercer Typed or printed name of signee **Filing Fees:**

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)