L1200/01380

• • •
(Requestor's Name)
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D. BRUCE

AUG 0 7 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	or Conce	SSIONS LLC ed Liability Company	,	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.		
Please return all correspo	ndence concerning this matt	er to the following:		
	ouglas A.	Corl Name of Person		
	orl Conce	SSIONS LLC Firm/Company	······································	
	PO BOX 2	424 Address		
***************************************	Flagler Be	ach FL 321 //State and Zip Code	3 ل	¥SE E
	4//	<u> </u>		CREI
	E-mail address: (to be used for	or future annual report notification)		ARY SSE
For further information co	oncerning this matter, please	call:		m S
Douglas Name of	A. Corl	at (386) 864- Area Code & Daytime Telep	hone Number	STATE LORIDA
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is enc	ıs &
	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 Ci Tallahassee, FL 32301	ircle	

APPROVEI

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	C I - Name:
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The name of the Limited Liability Company is:

Corl Concessions 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:

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:

Douglas A. Corl

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

Flagler Beach FL 32136

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

EFFECTIVE DATE 09/01/12

ARTICLE	IV-	Manager	(s) or	r Managing	Member	(s):
WILL FORE	X 7 -	MANAGERIA	יט נפן	TANGING SINS	MICHINE	37.

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Douglas A. Corl 1511 S. Daytona Ave Flagler Beach FL 32136
MGRM	Lori L. Corl 1511 5. Daytone AVE Flagler Beach FL 32136
(Use attachment if necessary)	IAI S
RTICLE V: Effective date, if other than th	the date of filing: $9/1/12$. (OPTIONAL)
f an effective date is listed, the date must or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	1: 23 STATE LORIDA
Signature of meml	per or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)
Doug	yped 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)