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SECRETARY OF STATE
TALLAHASSEE FINIE

B. BOSTICK
AUG 16 2012
EXAMINER

COVER LETTER

10:	Registration Section Division of Corporations		
SUBJE	cct: Cedar Key Emporium	n, LLC	
		nited Liability Company	
The end	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please i	return all correspondence concerning this n	natter to the following:	
	Catherine Bryant		
•		Name of Person	mpany illing. ving: Code Teport notification) 949-2946 Code & Daytime Telephone Number Copy Certificate of Status & Certified Copy (additional copy is enclosed) Courier Address tration Section ion of Corporations in Building Executive Center Circle
	Cedar Key Emporium		
-		Firm/Company	
	PO Box 939		*** !:
•		Address	2 A
(Cedar Key, Florida 32625		UG -
		City/State and Zip Code	338. SER
-	catjazz4e@gmail.com	16.6	777
For furt	ther information concerning this matter, ple	ed for future annual report notification) ase call:	2: 47 STATE ORIDA
Cathe	erine Bryant	_{at (} 352 ₎ 949-2946	
	Name of Person		phone Number
Enclose	ed is a check for the following amount:		
\$125.00	Filing Fee \$\bigsup \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company is:	
Cedar Key Emporium,	LLC	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
409 2nd Street Cedar Key, Florida 32625	PO Box 939 Cedar Key, Florida 32625	 -
		vidual or another
Catherine Bry	yant	T See T
	Name	ASS.
409 2nd S	(T) #2909	
	rida street address (P.O. Box <u>NOT</u> acceptable)	PH 2
Cedar Key	_{FL} 32625	2: 47 STATE FLORID
	City, State, and Zip	DE 7
liability company at the place des registered agent and agree to act in statutes relating to the proper and	gent and to accept service of process for the signated in this certificate, I hereby accept t this capacity. I further agree to comply wit complete performance of my duties, and I a ition as registered agent as provided for in G	the appointment as th the provisions of all um familiar with and

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Catherine Bryant
	Cedar Key, Florida 32625

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(Use attachment if necessary)	Ď

ARTICLE V: Effective date, if other than the date of filing: September 1, 2012 (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:

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. 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.)

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)