

**L12000157571**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

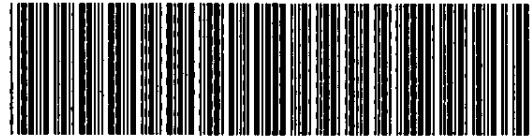
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**C. LEWIS**  
DEC 18 2012  
**EXAMINER**



BUSINESS | CONTRACTS | LITIGATION

555 Winderley Place, Suite 300  
Maitland, Florida 32751  
P. 407.796.2842  
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www.mvclaw.com  
info@mvclaw.com

December 14, 2012

Sent via U.S. Mail

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

RE: Organization/Formation of Menuease, LLC

Dear Sir or Madam:

This firm has the pleasure of representing Menuease, LLC, a Florida Limited Liability Company in its formation/organization process. Please find enclosed herein the following:

1. Menuease, LLC Cover Letter
2. Articles of Organization for the new Florida Limited Liability Company
4. Check in the amount of \$160.00, for Filing Fees, Certified Copy, and Certificate of Status.

Please have all correspondence sent to my attention at the address above, as registered agent. If you have any further questions or comments, please do not hesitate to contact me.

Very truly yours,

Brian A. Mills  
Mills Venture Counsel, P.A.  
brian@mvclaw.com

Enclosure: Referenced above

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Menuease, 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:

Robin Tennille

Name of Person

Menuease, LLC

Firm/Company

2910 Kerry Forest Parkway, D4 293

Address

Tallahassee, Florida 32309

City/State and Zip Code

robin@tennilleconsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Tennille

Name of Person

at ( 850 ) 509-5153

Area Code & Daytime Telephone Number

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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Manuease, 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:

2910 Kerry Forest Parkway, D4 293  
Tallahassee, Florida 32309

### Mailing Address:

2910 Kerry Forest Parkway, D4 293  
Tallahassee, Florida 32309

## 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:

Robin Tennille

Name

2910 Kerry Forest Parkway, D4 293

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

Tallahassee, Florida 32309

FL

City, State, and Zip

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*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..*

Robin Tennille

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:

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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Robin Tennille

2910 Kerry Forest Parkway, D4 293

Tallahassee, Florida 32309

(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:**

Robin Tennille  
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.)

Robin Tennille  
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)**