1300019117

(Requestor's Name)				
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

FEB - 7 2013 G. McLEOD



500244211465

02/04/13--01009--010 **125.00

13 FEB -4 PM 3: 06

(850) 245-6051.

COVER LETTER

.TO: Registration Section **Division of Corporations**

GEORGE'S FUN FOOD, 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:

RICHARD R. GEORGE Name of Person GEORGE'S FUN FOOD, LLC. Firm/Company 7005 MOTTIE ROAD Address GIBSONTON, FL. 33534 City/State and Zip Code TCPA@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

RICHARD R. GEORGE

Name of Person

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

The name of t	he Limited Liability Compan	ıy is:	
GEORGE'S FUN	FOOD, LLC.		
	(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II	- Address:		
The mailing a	ddress and street address of t	he principal office of the Limited Liabi	lity Company is:
Principal Off	ice Address:	Mailing Address:	
7005 MOTTIE RO	DAD	P.O. BOX 420	
GIBSONTON, FL	. 33534	GIBSONTON, FL. 33534	
(The Limited Liabi business entity wi		tered Office, & Registered Agent's Si Registered Agent. You must designate an individual	
		mo registered agent are.	£
	RICHARD R. GEORGE	Vame	E T
	7005 MOTTIE ROAD		
	Florida stre	et address (P.O. Box NOT acceptable)	TREE TO
	GIBSONTON	_{FL} 33534	ြည်း မှ 📜
	Cit	ty, State, and Zip	3 8
liability co	mpany at the place designated	d to accept service of process for the ab d in this certificate, I hereby accept the a apacity. I further agree to comply with t	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.

Page 1 of 2

Registered Agent's Signature (REQURED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MRGM** RICHARD R. GEORGE 7005 MOTTIE ROAD GIBSONTON, FL. 33534 (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:** 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.) RICHARD R. GEORGE 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)

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

\$ 5.00 Certificate of Status (Optional)