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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Oocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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K.SALY EXAMINER FEB 19 2013 (850) 245-6051.

COVER LETTER

Division of Co			
SUBJECT:	Bakura Sush	i,LLC	
<u></u>	Name of Limit	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following: .	
lana	Parks		
		Name of Person	
		Firm/Company	
12191	Ramible woo	od Drive	
		Address	
Gulf B	Breeze, FL	32563	
lana	Parks 88(a)	32563 y/State and Zip Code Mail COM for future annual report notification)	
	concerning this matter, please		
Lana Par	of Person	at (850) 512 · Area Code & Daytime Telep	4255 hone Number
Enclosed is a check f	or 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 C.	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is: 2-14-2013
Sakura Sushi, LLC	·
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1219 Ramblewood Dr. GUIF Breeze, FL 32563	1219 Rumblewood Dr. Gulf Breez, Fl 32563
The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
_ Lana Parks	<u> </u>
Na	nme Newood Drive
	Wwood Drive SS & The address (P.O. Box NOT acceptable)
	address (P.O. Box NOT acceptable)
Gulf Breeze	address (P.O. Box NOT acceptable) FL 32508 7, State, and Zip
City	r, State, and Zip
liability company at the place designated registered agent and agree to act in this cap all statutes relating to the proper and comp	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of plete performance of my duties, and I am familiar with a registered agent as provided for in Chapter 608, F.S
Registered Agent's Si	gnature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member MGRM)	Lana Parks 1219 Ramblewood Dr. Built Breeze, Fi 32563
effective date is listed, the date of fil	nan the date of filing: 2.14.13 (OPTIONAL). (OPTIONAL) e must be specific and cannot be more than five busine (ing.)
REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member.
(In accordance with sect constitutes an affirmatio I am aware that any false constitutes a third degree	tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State to the 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	

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