

L13000034192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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Office Use Only



700244496327

02/15/13--01032--017 **160.00

Effective Date 3/15/13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR -5 PM 1:36

MAR - 6 2013
T. HAMPTON

4186-27

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RastaGator's Culinary Delights, 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:

Tim Rushing

Name of Person

RastaGator's Culinary Delights, LLC

Firm/Company

2130 Tarpon Rd

Address

Naples, Florida 34102

City/State and Zip Code

rastagator@rastabutts.com

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

For further information concerning this matter, please call:

Tim Rushing

Name of Person

at (239) 213-9334

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 MAR -5 AM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 18, 2013

TIM RUSHING
2130 TARPON RD
NAPLES, FL 34102

SUBJECT: RASTAGATOR'S CULINARY DELIGHTS, LLC
Ref. Number: W13000009816

We have received your document for RASTAGATOR'S CULINARY DELIGHTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 18, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00003926

Effective Date 3/15/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RastaGator's Culinary Delights, 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:

2130 Tarpon Road Naples, FL 34102

Mailing Address:

2130 Tarpon Rd Naples, FL 34102

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:

Tim Rushing

Name

2130 Tarpon Road

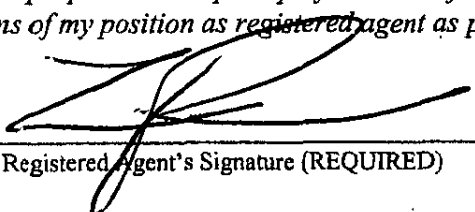
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34102

FL

City, State, and Zip

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)

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" = Managing Member

Name and Address:

MGR

Tim Rushing

2130 Tarpon Rd

Naples, FL 34102

(Use attachment if necessary)

3-15-13

ARTICLE V: Effective date, if other than the date of filing. ~~03-15-13~~ (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 609.408(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.)

Tim Rushing

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR -5 PM 1:36