

✓  
L13000034477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

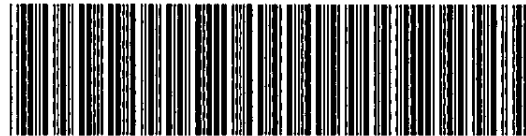
(Business Entity Name)

(Document Number)

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

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Office Use Only



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03/05/13--01006--018 \*\*125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR - 6 2013

EXAMINER

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Tom Sawyer Restaurant II, 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:

**Alain Tallard**

Name of Person

Firm/Company

**8614 Via Giulia**

Address

**Boca Raton, FL 33496**

City/State and Zip Code

**tallardalain@yahoo.fr**

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

For further information concerning this matter, please call:

**Mitchell B. Kirschner, Esq.** at **(561) 347-0000**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Tom Sawyer Restaurant II, 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:

8614 Via Giulia  
Boca Raton, FL 33496

#### Mailing Address:

8614 Via Giulia  
Boca Raton, FL 33496

### 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:

Alain Tallard

Name

8614 Via Giulia

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

Boca Raton

FL

33496

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)

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**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:**

Co-MGRM

Alain Tallard

8614 Via Giulia

Boca Raton, FL 33496

Co-MGRM

Philippe Roux

8614 Via Giulia

Boca Raton, FL 33496

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

(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.)

Alain Tallard

\_\_\_\_\_  
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)**

**TOM SAWYER RESTAURANTS LLC**

1759 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432

February 26, 2013

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

Re: Tom Sawyer Restaurant II, LLC

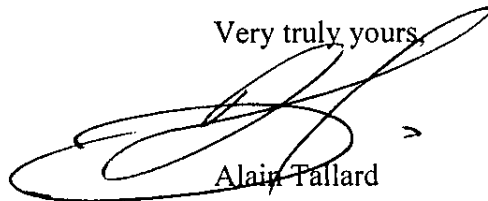
Please be advised that the undersigned, Alain Tallard, is the Co-Managing Member of the above-referenced proposed new limited liability company.

I am the Managing Member of the limited liability company of the similar name, Tom Sawyer Restaurants LLC.

In my capacity as Managing Member of Tom Sawyer Restaurants LLC, please allow this letter to confirm my consent and authority to register the new limited liability company under the name of Tom Sawyer Restaurant II, LLC.

Please do not hesitate to contact me should you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to be 'Alain Tallard', written over a horizontal line.

Alain Tallard

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TALLAHASSEE, FLORIDA