# L13000044695

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE DIVISION OF CORFORATION

C. LEWIS

MAR 2 6 2013

EXAMINER

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

Big Stilly's Grill

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:

Mark Stillwagon
Name of Person
Big Stilly's Grill
Firm/Company
2006 Bennington Dr #1
Address
Naples Florida 34104
City/State and Zip Code
markwstillwagon@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

mark	still	lwagon
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\_,239

248-3304

Name of Person

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:		
softballbri96 LLC		
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
206 Bennington Dr #1 Naples FI 34104	206 Bennington Dr #1 Naples Fl 34104	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re  Mark Stillwagon	ered Agent. You must designate an individual or another	SECRETARY BIVISION OF C
Name		350
200 D D. W.	ress (P.O. Box NOT acceptable)	ESTA STA
206 Bennington Dr #1 Florida street add	ress (P.O. Box NOT acceptable)	
Naples FI 34104		• • • • • • • • • • • • • • • • • • • •
	FL te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as registered Agent's Signature.	his certificate, I hereby accept the appointmentity. I further agree to comply with the provision performance of my duties, and I am familiar gistered agent as provided for in Chapter 608,	nt as ons of with

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing M	ember
MGR	each Manager or Managing Member is as follows:  Name and Address:  ember  Mark Stillwagon  206 Bennington Dr #1  Naples FI 34104
	206 Bennington Dr #1
	Naples Fl 34104
10-1	
(Use attachment if necess	ary)
LE V: Effective date, if or	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five busines of filing.)
LE V: Effective date, if or ffective date is listed, the or 90 days after the date REQUIRED SIGNATURES	ther than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business of filing.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)