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(Requestor's Name)
· (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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SECRETARY OF STANDARD FOR STANDARD OF STANDARD FOR STANDARD OF STA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Midtown Speakeasy 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:
Joshua R. Messina
Name of Person
Firm/Company
1206 N. Monroe
1206 N. Montoe Address Tallahassee FL. 323 City/State and Zip Code Mess, na 3693@gmail, com E-mail address: (to be used for future annual report notification)
City/State and Zip Code Mess, nn 3693@gmil, com Fill Fill
For further information concerning this matter, please call: Soshua R. Messina at (850) 443-6495 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \) \(\text{S160.00 Filing Fee, } \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \)
Mailing Address Registration Section Registration Section Division of Comparations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

Midtown Speakeasy 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: Mailing Address:	
1206 N. Monroe st 712 Briandon St Tallahassee FL, Tallahassee FL 32305	
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:	7.7
30/600 R. /1837/760 800 - ma	>- - - - - - - - - - - - - - - - - - -
Name 712 Brianday St. Florida street address (P.O. Box NOT acceptable)	į
Tallahassee FL 32305 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Joshua R. Messina 712 Briandar St. Tallahassee Fl. 32305
	TALL 31
(Use attachment if necessary)	
	date of filing: (OPTIONAL) t be specific and cannot be more than five business
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	$\mathcal{D}_{\mathcal{I}}$
REQUIRED SIGNATURE:	er or an authorized representative of a member.

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)