

L13000162053 ✓

(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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11/18/13--01038--004 **160.00

EFFECTIVE DATE 11-14-13

2013 NOV 18 PM 12:29
TALLAHASSEE COUNTY

B. BOSTICK

NOV 19 2013

EXAMINER

COVER LETTER

SUBJECT: Boulevard Family Restaurant, LLC
Name of Limited Liability Company

SAM PAPA DIMITRIU
Name of Person

First Company

1430 IMPATIENT COURT
Address

NEW PORT RICHEY, FL 34655
City/State and Zip Code

x SPH'DIMITRUC@gmail.com
E-mail address: (to be used for future annual report notification)

SAM Papadimitriou at (727) 376-3972
Name of Person Area Code & Daytime Telephone Number

☐ \$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)

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TALLAHASSEE, FLORIDA

2013 MO: 18 PM 12: 29

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOULEVARD FAMILY RESTAURANT, 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:

7507-A LITTLE RD
NEW PORT RICHEY FL
34654

Mailing Address:

7507A LITTLE RD
NEW PORT RICHEY FL
34654

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.)

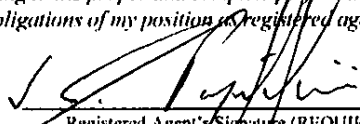
The name and the Florida street address of the registered agent are:

SAM PAPADIMITRIOU
Name

1430 IMPATIENCE COURT
Florida street address (P.O. Box **NOT** acceptable)

NEW PORT RICHEY FL 34655
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)

2013/07/18 PM 12:29
TALLAHASSEE, FL ONLY

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:

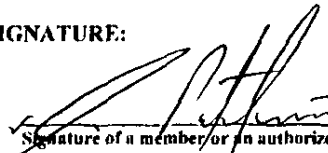
MGRM

SAM PAPA DIMITRIOU
1430 IMPATIENCE COURT
NEW PORT RICHEY, FL 34655

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-14-2013, (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.)

SAM PAPA DIMITRIOU
Typed or printed name of signer

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)

2013 NOV 18 PM 12:29
TALLAHASSEE, FL 32310