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To:

EFFECTIVE DATE  
12/31/13

From:

Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
Phone : (727)322-0909  
Fax Number : (727)322-0520

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 DEC 31 AM 8:10

FILED

Email Address: DAVIDCPA@TAMPA-BAY.FL.COM

RECEIVED  
13 DEC 31 AM 9:00  
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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
THE GULFPORT GRIND OF GULFPORT, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## Electronic Filing Menu

## Corporate Filing Menu

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No. 8370 P. 2

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE GULFPORT GRIND OF GULFPORT, 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:

5825 20TH AVE S  
GULFPORT, FL 33707

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:

DAVID C HASTINGS CPA

Name

2207 54TH ST B

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

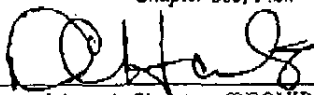
GULFPORT

FL 33707

City

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MARY JO KEHOE

5825 20TH AVE S

GULFPORT, FL 33707

MGR

THEODORE KEHOE

5825 20TH AVE S

GULFPORT, FL 33707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/31/13 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Mary Jo Kehoe  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

MARY JO KEHOE

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)

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