

FEB-28-2014 10:36

608 827 5501

608 827 5501

**U14 000035069**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000047257 3)))



H140000472573ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: handyworkman@yahoo.com

**FLORIDA LIMITED LIABILITY CO.**

**The Old Floridian Trolley Cafe LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

14 FEB 28 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR - 3 2014

T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H140000472573

**ARTICLES OF ORGANIZATION  
OF  
The Old Floridian Trolley Cafe LLC**

**ARTICLE I            NAME**

The name of the limited liability company is: The Old Floridian Trolley Cafe LLC

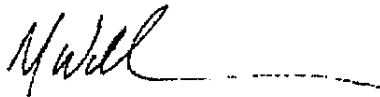
**ARTICLE II           ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be: Anclote Acres lot #36, Holiday, Florida 34691.

**ARTICLE III           INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

*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..*



Signature: \_\_\_\_\_  
Mark Williams, A.V.P. Business Filings Incorporated

Date: February 28, 2014

**ARTICLE IV           MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:  
Michael Workman, Anclote Acres lot #36, Holiday, Florida 34691

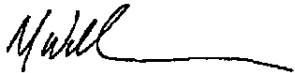
FAX AUDIT # H140000472573

FILED  
2014 FEB 28 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FAX AUDIT # H140000472573**

**ARTICLE V DURATION**

The duration for the limited liability company shall be: Perpetual.



Date: February 28, 2014

*(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.)*

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

FILED  
2014 FEB 28 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FAX AUDIT # H140000472573**