## L14000109419

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PICK-UP WAIT MAIL					
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SECKE FART OF ATTION OF LINE 10 PH 2: 47

UL 10 2014 J. HARRIS

## **COVER LETTER**

Division of C	Section Corporations			
SUBJECT: Junior's	s Caribbean Spot, LLC			
	Name of Lir	nited Liability Compa	any	
The enclosed Articles	of Organization and fee(s) as	re submitted for filing	<b>;.</b>	
Please return all corre	spondence concerning this m	atter to the following	:	
Peter V (	Chrisite			
		Name of Person		
<u>Junior's (</u>	Caribbean Spot LLC,	F: (O		<del> </del>
		Firm/Company		
<u>5185 Fa</u>	y Blvd	Address		
Cocoa, I		Sity/State and Zip Cod	ie	
Birtee_1@yaho	o.com E-mail address: (to be use	d for future annual re	port notifica	tion)
For further informatio	n concerning this matter, plea		po. 11011110	,
				,
Mary N Christie Nan	ne of Person	321 <u>47455</u> Area Code I		ephone Number
Enclosed is a check fo	or the following amount:			
□ \$125.00 Filing Fee	✓\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing F Certified Copy (additional copy is		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Divi P.O	iling Address istration Section ision of Corporations Box 6327 ahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addr ion Section of Corporati inilding ecutive Cent see, FL 3230	ons er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Junior's Caribbean Spot LLC.  (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1437 Clearlake Road Cocoa, FL 32922	5185 Fay Blvd Cocoa, FL 32927		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agents.	egistered Agent. You must designate an individual or		
Peter V Christie			
Name			
5185 Fay Blvd			
Florida street address (P.O. Box N	OT acceptable)		
Cocoa	FL 32927		
City	Zip		
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of			
/ (CONTINUEL	))		

Page 1 of 2

1/ III 10 PH 2: 47

	<u>le:</u>		Name and Address:		
"AN	MBR" = Authorized	Member			
"M	GR" = Manager				
<u> AN</u>	IBR		Mary N Christie		
			5185 Fay Blvd		
			Cocoa, FL 32927		
<u>M</u> C	MGR		Peter V Christie		
			5185 Fay Blvd		
			Cocoa, FL 32927		
(Us	e attachment if neces	ssary)			
CLEV	's Effective data if a	than than the data of filings	(OPTIONAL)		
CLE V effectiv	e date is listed, the	mer man me date of ming: date must be specific and	cannot be more than five business days prior to or 90 days af		
te of fi	•				
	1: Other provisions, i				
CLE V					
CLE V					
CLE V					
	<u>QUIRED</u> SIGNAT	URE:			
		URE:	hi etio		
	ouired signati	ure: Mary NC	hristie		
	OUIRED SIGNATI	URE:  Yay N C	an authorized representative of a member.		
	OUIRED SIGNAT	URE:  Order N C  gnature of member or e with section 605.0203 (1	) (b), Florida Statutes, the execution of this document		
	OUIRED SIGNATION Si (In accordance constitutes an	URE:  gnature of a member or e with section 605.0203 (1 affirmation under the pen			

ARTICLE IV-

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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)

Typed or printed name of signee

Mary N Christie