1500032849

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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WB-11363	3	

Office Use Only



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15 FEB -5 PH 12: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

FEB 24 2015 S. YOUNG



February 16, 2015

ZERA FINLEY 6025 KIMBERLY BLVD NORTH LAUDERDALE, FL 33068

SUBJECT: FINLEY'S RESTAURANT & GIFT SHOP "LLC"

Ref. Number: W15000011363

We have received your document for FINLEY'S RESTAURANT & GIFT SHOP "LLC" and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 815A00003250

FEB -5 PHZ

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FINLEY RESTAR	WEANT & Coff Shop "LLC"
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
ZERA F	Name of Person
FINLEY'S RESTA	Firm/Company
6025 Kimber	Y BIVD NORT LANDERDALE Address
FloRIDA 3306	ity/State and Zip Code MAIL COM If for future annual report notification)
For further information concerning this matter, plea	
ZERA Finley at (354)532 5979 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S125.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Sertified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address 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:			
FINLEY'S RESTAURANT E	Ciff Shap LLC iability Company, "L.L.C.," or "LI	.C.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Compar	ny is:	
Principal Office Address:	Mailing Address:		
6025 Kimbelly BIUD NORTH LAUXEDALE FLORIDA 33068	5651 SW 2ND (MARGATE FIOR) 33068	<u>CT #1</u> 11 <u>DA</u>	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designa	ite an individua	lor
The name and the Florida street address of the registered a	gent are:		
ZERA FI	WLEY		
5651 Sw 2ND Florida street address (P.O. Box 1	CT RPT# 111		
MARGATE City	FL 33068		
•	•		
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapte	the appointment as registered agent fall statutes relating to the proper a	and agree to ac nd complete per	ct in this rformance
Registered Agent's Signated	re (REQUIRED)	₩	
(CONTINUE	D)	FEB LI ANA	<u> </u>
Page 1 of 2		-5 PH IZ: H RY OF STATE SSECTIONION	FLED

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	KENT BOOKER 5651 SW 2ND CT #111 MARGATE FL 33068	
MGR	ZERA FINLEY 5651 SW 2ND CT # 111 MARGATE H. 33068	
(Use attachment if necessary)		
iccuve date is disted, the date must be spec	cific and cannot be more than five business days prior to o	ひに ブリ ほね
of filing.)		
of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	,	
REQUIRED SIGNATURE: Signature of a men (In accordance with section 665 constitutes an affirmation under I am aware that any false inform	aber or an authorized representative of a member. 0.0203 (1) (b), Florida Statutes, the execution of this docume the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State vas provided for in s.817.155, F.S.)	ent
REQUIRED SIGNATURE: Signature of a men (In accordance with section of 5 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony	Ther or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this docume the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	ent
REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent	ent

ARTICLE IV-

Young, Sheila H.

From:

zera finley <zerafinley3@gmail.com> Tuesday, February 24, 2015 10:27 AM

Sent: To:

Young, Sheila H.

Subject:

Fwd: Release name of Company

----- Forwarded message ------

From: zera finley <zerafinley3@gmail.com>

Date: Wed, Feb 18, 2015 at 12:23 PM Subject: Release name of Company To: sheilayoung@dos.myflorida.com

1500032849

Hi Ms Shelia,

My Name is Zera Finley and I spoke wth you a few minitues ago in regards to "Finley's Restaurant & Gift Shop LLC" the Company was formed by me in 2013 and was current until December of 3014, as I have told you there were some issues with my parterners and they dissolved it with out my Knowledge. Please release the Name of the Company for me.

Regards. Zera Finley