

L15000052761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

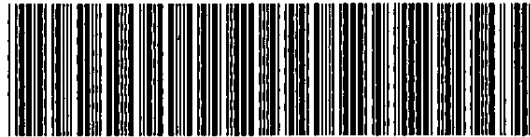
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



800269138578

EFFECTIVE DATE
3/10/15

800269138578
03/09/15--01044--008 **160.00

FILED
15 MAR -9 PM 1:10
MAR 10 2009
FBI - TAMPA

**M. MILLIGAN
EXAMINER**

MAR 25 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mojo Huffy LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Thomas Huff

Name of Person

The Mojo Grill & Catering Company at Ocala National Golf Club

Firm/Company

4782 NW 80th Ave

Address

Ocala, Florida 34482

City/State and Zip Code

RobertHuff@embarqmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Huff

Name of Person

at (352)

Area Code

620-5887

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

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

EFFECTIVE DATE

3/10/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mojo Huffy 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:

4782 NW 80th Ave

Same

Ocala, FL 34482

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:

Robert Thomas Huff

Name

5768 SW 40th Place

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

Ocala

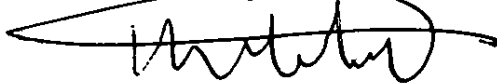
FL 34474

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)

FILED
15 MAR -9 PM 1:13
MAR 10 2015
CLERK OF CIRCUIT COURT
FLORIDA
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF ALACHUA

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:

Robert Thomas Huff

5768 SW 40th Place

Ocala, FL 34474

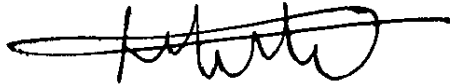
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/4/2015 3/10/2015 (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:



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.)

ROBERT THOMAS HUFF

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)

FILED
15 MAR -9 PM 1:18
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA