

U5000098707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

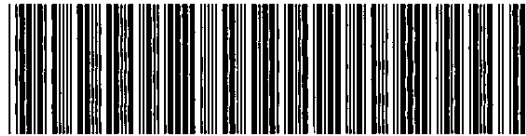
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/15--01009--011 **125.00

EFFECTIVE DATE 6-10-15

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2015 JUN -8 A 10:59
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MAY 27 2015

FILED

JUN - 9 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JUN -8 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 21, 2015

JENNIFER C DOWNS
26 SEASIDE CT
HOLMES BEACH, FL 34217

SUBJECT: SHRIMP BISCUIT LLC
Ref. Number: W15000036141

We have received your document for SHRIMP BISCUIT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 715A00010775

*Correction made
6.2.2015*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shrimp Biscuit 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:

Jennifer C. Downs
Name of Person

Shrimp Biscuit LLC.
Firm/Company

26 Seaside Ct.
Address

Holmes Beach, FL 34217
City/State and Zip Code

JCDOWNS618@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer C. Downs at (404) 218-3179
Name of Person Area Code 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 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:

EFFECTIVE DATE 6-10-15

Shrimp Biscuit 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:

26 Seaside Ct.
Holmes Beach,
FL 34217

Mailing Address:

26 Seaside Ct
Holmes Beach, FL
34217

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:

Jennifer C. Downs
Name

26 Seaside Ct.
Florida street address (P.O. Box **NOT** acceptable)
Holmes Beach, FL 34217
City State 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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jennifer C. Downs
26 Seaside Ct
Holmes Beach, FL 34217

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Jennifer C. Downs

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
2015 JUN -8 A 10:59
DEPARTMENT OF STATE
TALLAHASSEE, FL 32399