

L15000/54956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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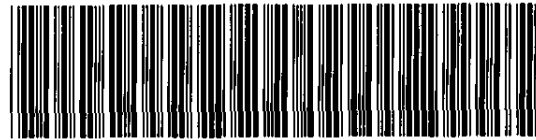
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 SEP 17 AM 9:18

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DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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2015 SEP 17 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

09/16/15

09/17/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Indigo Bistro 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:

Frank Bong CPA.
Name of Person

Frank Bong CPA LLC.
Firm/Company

3116 Capital Circle NE #3
Address

Tallahassee FL 32308
City/State and Zip Code

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

For further information concerning this matter, please call:

Frank Bong at (850) 668-4925
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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

Indigo Bistro 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:

1690 W. Tennessee St
Tallahassee FL 32308

Mailing Address:

1690 W. Tennessee St.
Tallahassee FL 32308

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:

Frank Borg
Name
3116 Capital Circle NE #3
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32308
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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The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager

AmBR

Pamela Waldrop
1413 Constitution PL E
Tallahassee FL 32308

ARTICLE VI: Other provisions, if any.

Penala Walden

Pamala Waldrup
Typed or printed name of official

100

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