

10/22/2015

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FL150002529133APC

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6321

From:

Account Name : THE FAULKNER FIRM, P.A.
 Account Number : 120150000064
 Phone : (727)781-7428
 Fax Number : (727)214-2814

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Debbie@thefaulknerfirm.com

FLORIDA LIMITED LIABILITY CO.
Island Time Restaurants LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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 15 OCT 22 PM 1:38

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 15 OCT 22 AM 2:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND TIME RESTAURANTS, 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:

Debbie Faulkner, Esq.

Name of Person

The Faulkner Firm, P.A.

Firm/Company

3106 Alt. US 19 N., Suite B

Address

Palm Harbor, Florida 34683

City/State and Zip Code

Debbie@thefaulknerfirm.com

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

For further information concerning this matter, please call:

Debbie Faulkner

727

781-7428

at ()

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Island Time Restaurants 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:1540 Huntleigh Court
Oldsmar, Florida 34677**Mailing Address:**1540 Huntleigh Court
Oldsmar, Florida 34677**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:

The Faulkner Firm, P.A.

Name

3106 Alt. US 19 N., Suite BFlorida street address (P.O. Box **NOT** acceptable)Palm HarborFlorida34683

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..



Registered Agent's Signature (REQUIRED)

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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:**J. Pat Katz1540 Huntleigh CourtOldsmar, Florida 34677AMBRKurtis Montgomery1411 E. Coral Cove DriveGilbert, Arizona 85234AMBRSUNRISE RCI920 Wekiva Springs Road, #917481Longwood, Florida 32779

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.This Company shall be Manager managed and as such only the Managing Member shall have legal authority to bind the Company.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.J. Pat Katz_____
Typed or printed name of signer**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)

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