

L16000004740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

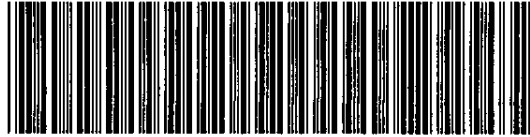
(Document Number)

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16 JAN 11 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Guennies Jamaican Jerk Chicken
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:

^{Parfield}
L. Francis

Name of Person

Guennies Jamaican Jerk Chicken
Firm/Company

1009 Carefree Cove Dr

Address

Winter Haven FL 33881

City/State and Zip Code

GuenniesJerkChicken@gmail.com

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

For further information concerning this matter, please call:

^{Parfield}
L. Francis

Name of Person

at (312)

Area Code

307-8355

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)



^{Errata}
\$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2015

GARFIELD FRANCIS
1009 CAREFREE COVE DR
WINTER HAVEN, FL 33881

SUBJECT: GWENNIES JAMACIAN JERK CHICKEN LLC
Ref. Number: W15000080880

We have received your document for GWENNIES JAMACIAN JERK CHICKEN LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list only one Registered Agent and remove the other.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 715A00026383

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gwennies Jamaican Jerk Chicken "L.L.C."
(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:

1009 Carefree Cove Dr
Winter Haven
FL 33881

Mailing Address:

1009 Carefree Cove Dr
Winter Haven
FL 33881

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:

Iris Francis
Name
1009 Carefree Cove Dr
Florida street address (P.O. Box **NOT** acceptable)
Winter Haven FL 33881
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN 11 PM 5:04

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AND
FILED

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..

Iris Francis

Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED
AND
FILED

ARTICLE IV-

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

16 JAN 11 PM 5:06

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

MGR

Ivis Francis
1009 Carefree Cove Dr
Winter Haven FL 33881

Garfield L. Francis
1009 Carefree Cove Dr
Winter Haven FL 33881

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/16 (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.

N/A

REQUIRED SIGNATURE:

Ivis Francis

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.

Ivis Francis

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)