

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000043493 3)))



H160000434933ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Crackers Island Grille LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
16 FEB 19 PM 1:26
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

g 2/22/16

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

FAX AUDIT # H160000434933

16 FEB 19 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
Crackers Island Grille LLC**

ARTICLE I NAME

The name of the limited liability company is: Crackers Island Grille LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
6290 North Atlantic Avenue Suite 5, Cape Canaveral, Florida 32920.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: David Fowler, 6290 North Atlantic Avenue Suite 5, Cape Canaveral, Florida 32920. Located in the County of Brevard.

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: 
David Fowler

Date: 2-18-16

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:

Kathleen Fowler, 6290 North Atlantic Avenue Suite 5, Cape Canaveral, Florida 32920

David Fowler, 6290 North Atlantic Avenue Suite 5, Cape Canaveral, Florida 32920

FAX AUDIT # H160000434933

FAX AUDIT # H1U0000434933

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.


David Fowler, Organizer

Date: 2-18-16

Authorized Representative.

(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.)

FAX AUDIT # H1U0000434933

FILED
16 FEB 19 PM 1:27
DEPARTMENT OF STATE
ALL DOCUMENTS
FLORIDA