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| (Re | questor's Name) | |
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| —————————————————————————————————————— | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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COVER LETTER

| | gistration Section rision of Corporations | | |
|-----------------|---|--------------------------------------|---|
| SUBJECT: | Jersey Boys Beach Side Grill, LLG | С | |
| SUBSECT. | Name of | Limited Liabili | ty Company |
| The enclosed | d Articles of Organization and fee(s |) are submitted | for filing. |
| Please return | all correspondence concerning this | s matter to the fo | ollowing: |
| , | Cheryl Belnatou | vicz | |
| _ | | Name of | Person |
| | Jersey Boys Beach Side Grill, LLC | | |
| - | | Firm/Cor | прапу |
| : | 24 N. Orlando Avenue | | |
| - | | Addre | ess |
| (| Cocoa Beach, Florida, 32931 | | |
| | E-mail address: (to be u | City/State and 7466 sed for future a | i Zip Code O Moul - Com noual report notification) |
| For further inf | ormation concerning this matter, plo | | |
| | odd Kruge | 973 | 600-4710 |
| | Name of Person | Area Code | Daytime Telephone Number |
| Enclosed is a | a check for the following amount: | | |
| \$125.00 Fili | ng Fee \$130.00 Filing Fee & Certificate of Status | LCertifie | Solution from the state of States & Certificate of States & 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

| | Side Grill, LLC | | | |
|--|---|--|--|--|
| (Must en | d with the words "Limited Li | ability Company, ' | L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | | | |
| The mailing address and street | address of the principal offic | æ of the Limited L | iability Company is: | |
| <u>Princi</u> | pal Office Address: | | Mailing Ad | <u>dress</u> : |
| 42 New Castle Dri | | | w Castle Drive | |
| Kissimmee, Florida | a, 34746 | Kissin | nmee, Florida, 34746 | · |
| | Florida street address (PK/SS/VIME | | ernatou W Cast eptable) 34 | sicz He De 146 |
| | City | State | Zip | , , |
| Having been named as registered place designated in this certificate further agree to comply with the fam familiar with and accept the d | e, I hereby accept the appoint provisions of all statutes relat obligations of my position as r | tment as registered ing to the proper a | agent and agree to a nd complete performa provided for in Chap | ct in this capacity. I nnce of my duties, and I |
| | | CONTINUED | | ` |
| | (6 | CONTINUED) | | |

16 MAY 25 AH 9: 59

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|--|
| AMBR | Raymond Bernatowicz 42 New Castle Drive Kissimmee, Florida, 34746 |
| AMBR | Todd Kruge 3040 Aloma Avenue, #C16 Winter Park, Florida, 32792 |
| Ambr. | Chery Begnaspasics 42 New Gastle St Kissimme JI 34.74 |
| | |
| | |
| (Use attachment if necessary) | |
| RTICLE V: Effective date, if other than the dat f an effective date is listed, the date must be specified at the date of filing.) | pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as |
| RTICLE V: Effective date, if other than the dat f an effective date is listed, the date must be specified at e of filing.) lote: If the date inserted in this block does not | pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as |

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)

Page 2 of 2