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(Re	equestor's Name)	)
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## **COVER LETTER**

Division of Corporations
SUBJECT: Parinella's Chicken Gnill Gulf Coast, 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:
Rooney S. Law E  Name of Person
Name of Person
Parinella's Chicken Gaill Gulf Loast, LLC
Firm/Company
1355 Engle Run Address
Address
Sanibil, FL 33957  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  Street Address  New Filing Sections

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

TO:

**Registration Section** 

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## $\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDALIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY}$

ARTICLE I - Name: The name of the Limited Liability	Company is:			
Parinellas	& Chicken	Gn:11 0	fulf loast	LLC.
(Must end w	vith the words "Limited 1	Liability Company	y, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street add	dress of the principal off	fice of the Limited	Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Addres	<u>18</u> :
10021 Univer	FL 33913		155 Emple Run Wibel FL 339	357
Font Myers	FL 33913			
The name and the Florida street as	ddress of the registered a			
	1355 Em	4 Kun		
	Florida street address		cceptable)	₩ <u></u>
	Sm. bel City	FL	33957	SECO SE
	City	State	Zip	
Having been named as registered ag place designated in this certificate, l further agree to comply with the pro am familiar with and accept the obli	hereby accept the appoi visions of all statutes rela	ntment as register ating to the proper	ed agent and agree to act in and complete performance	this capacity [] of my duties, and [
	Register	ed Agent's Signat	ure (REQUIRED)	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	17 P
"AMBR" = Authorized Member		
"MGR" = Manager	SEGRE TA TALL AHA!	KY U SSEE
1410		· · · · · · · · · · · · · · · · · · ·
AMBR	Roberty S. LAW B. 1355 Engle Run	
	1355 Emle Run Somibel PL 33957	<del></del>
	200-041 - 5213	
		·
EV: Effective date, if other than the ective date is listed, the date must	ne date of filing: (OPTIONAl be specific and cannot be more than five business days prior to	L) 10 or 9(
ective date is listed, the date must of filing.)  The date inserted in this block doe ment's effective date on the Depar	be specific and cannot be more than five business days prior t s not meet the applicable statutory filing requirements, this date	o or 90
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