# Electronic Articles of Organization For Florida Limited Liability Company

L16000190501 FILED 8:00 AM October 10, 2016 Sec. Of State jafason

## **Article I**

The name of the Limited Liability Company is: FINLEY'S RESTURANT & GIFT SHOP, LLC

### **Article II**

The street address of the principal office of the Limited Liability Company is:

7305 NW 5TH COURT SUITE#103 MARGATE, FL. US 33063

The mailing address of the Limited Liability Company is:

7305 NW 5TH COURT SUITE#103 MARGATE, FL. US 33063

# **Article III**

Other provisions, if any:

N/A

### **Article IV**

The name and Florida street address of the registered agent is:

KENT A BOOKER SR 7305 NW 5TH COURT SUITE#103 MARGATE, FL. 33063

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.

Registered Agent Signature: KENT BOOKER

#### **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR KENT A BOOKER SR 7305 NW 5TH COURT, SUITE #103 MARGATE, FL. 33063 US

Title: MGR ZERA FINLEY 7305 NW 5TH COURT, SUITE #103 MARGATE, FL. 33063 US L16000190501 FILED 8:00 AM October 10, 2016 Sec. Of State jafason

#### Article VI

The effective date for this Limited Liability Company shall be:

10/10/2016

Signature of member or an authorized representative

Electronic Signature: ZERA FINLEY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



#### AFFIDAVIT

#### RE: Document Number W16000069499

Dear Mr. Moon:

Per our conversation via telephone today below is the requested Affidavit regarding the above referenced document number.

I Zera Finley have no intention of reinstating the entity filed under document number L15000032849. Therefore I release the name for use to another entity.

Zera Finley

Acknowledgm	ent by Individual
State of Horida	County of BROWNESS,
On this 12th day of Ctobal	20/6 before me, Kasemarie Thompson Bo
the undersigned Notary Public personally appeared	· ·
Name of Signer(s)	
C Proved to me on the oath of	
O Personally known to me	
Proved to me on the basis of satisfactory evid	ence Horida Drivas License 1500-980-60-79
to be the person(s) whose name(s) is/are subscribed	to the within instrument, and acknowledged that he/she/they executed it.
WITNESS my hand and official seal.  R. Thompson-Balley State of Florida	Thompson-Dailey
My Commission Expires 03/11/2019 Commission No. FF 208584	(Signature of Notary Public)  My commission expires 03-11-2019

**Description of Attached Document** 

Notary Seal

Type or Title of Document

AFFidaviT Document Date Number of Pages

10-19-2016

Signer(s) Other Than Named Above

Optional: A thumbprint is only needed if state statutes require a thumbprint.

Right Thumbprint of Signer Top of thumb here

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