L170000007/42

(F	Requestor's Name)	
(F	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	 WAIT	MAIL
(E	Business Entity Name)	
J)	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	
	٠	
		

Office Use Only



000294004210

01/11/17--01005--027 **125.00

SESSI BAY OF STAIL FALLAHASSEE: FLORION

V HERRING JAN 12 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COUNTY LINE BANC AND GRILL LAC 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:
TERESA ARNOLD
Name of Person
Firm/Company
1533 CAMEILIA COURT
Address
LAKE PlACID F/ 33852 City/State and Zip Code TARNO/12540 @ YAhod, COM
City/State and Zip Code Tan 1/2 / / 2 - 4/1 P V A A A A
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tents A at (740) 819-5752 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street Address
New Filing Section New Filing Section

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FILED

The name of the Limited Liability Company is:	2017 JAN 1 1 AM 10: 3 1
COUNTY LINE BAN AND GRILL LLC. "Or "LLC." or "LLC."	SEGAL TAKY OF STAFE HALLAHASSEE FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	is:
Principal Office Address: Mailing	Address:
A755 SR 17 HAINES CITY, FL 1533 CAME LAKE PLACE	Nold Win Count 1, Fl 33852
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	an individual or
The name and the Florida street address of the registered agent are:	
TERESA ARNOLÓ Name 1533 CAMElliA Count	
Name	
1533 CAMELLIA COUNT	
Florida street address (P.O. Box NOT acceptable)	
LAKe Placie FL 33852	<u>. </u>
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited place designated in this certificate, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relating to the proper and complete perform am familiar with and accept the obligations of my position as registered agent as provided for in Claudian and accept the obligations of my position as registered agent as provided for in Claudian and accept the obligations of my position as registered agent as provided for in Claudian and accept the obligations of my position as registered agent as provided for in Claudian and accept the obligations of my position as registered agent as provided for in Claudian and accept the obligations of my position as registered agent as provided for in Claudian and accept the obligations of my position as registered agent as provided for in Claudian and accept the obligations of my position as registered agent as provided for in Claudian and accept the obligations of my position as registered agent as provided for in Claudian and accept the obligations of my position as registered agent as provided for in Claudian and accept the obligations of my position as registered agent as provided for in Claudian and accept the obligations and accept the obligation as registered agent as a constant and accept the obligation accept the obligation and accept the obligation accep	o act in this capacity. I rmance of my duties, and I
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

AMBR" = Authorized Member MGR" = Manager A M B B Lake Place A A R A R A R A R A R A R A R A R A R	Citle:———		Name and Address:
Jose attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to filing.) to date inserted in this block does not meet the applicable statutory filing requirements, this date with seffective date on the Department of State's records. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stat I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		Member	<u></u>
V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date with entry effective date on the Department of State's records. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida State 1 am aware that any false information submitted in a document to the Department of sconstitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)		-	Teresa Arnold 1533 CAMELLINGOUST
V: Effective date, if other than the date of filing:		-	TAKE PIACIO, FL 338SA
V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to filing.) be date inserted in this block does not meet the applicable statutory filing requirements, this date with the date on the Department of State's records. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida State 1 am aware that any false information submitted in a document to the Department of the constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)		-	
V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date with entry effective date on the Department of State's records. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida State 1 am aware that any false information submitted in a document to the Department of sconstitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)		-	·
V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date with entry effective date on the Department of State's records. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida State 1 am aware that any false information submitted in a document to the Department of sconstitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	•		
V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date with ent's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stat 1 am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S. The Sharwal Array of the provisions of Registered Agent Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)		,	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stat I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling 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)	filing.) ne date inserted in this	s block does not meet t	the applicable statutory filing requirements, this date will n
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stat I am aware that any false information submitted in a document to the Department of sconstitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	filing.) he date inserted in this ent's effective date on	s block does not meet to the Department of Sta	the applicable statutory filing requirements, this date will n
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stat I am aware that any false information submitted in a document to the Department of sconstitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	filing.) he date inserted in this ent's effective date on VI: Other provisions,	s block does not meet to the Department of Statisfany.	the applicable statutory filing requirements, this date will nate's records.
This document is executed in accordance with section 605.0203 (1) (b), Florida Stat I am aware that any false information submitted in a document to the Department of Sconstitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	filing.) the date inserted in this ent's effective date on the control of the con	s block does not meet to the Department of State if any.	the applicable statutory filing requirements, this date will nate's records.
I am aware that any false information submitted in a document to the Department of Constitutes a third degree felony as provided for in s.817.155, F.S. 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)	filing.) he date inserted in this ent's effective date on VI: Other provisions,	s block does not meet to the Department of State if any.	the applicable statutory filing requirements, this date will nate's records.
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)	filing.) the date inserted in this sent's effective date on CVI: Other provisions, REOUIRED SIGNAT	s block does not meet to the Department of State if any. FURE: Signature of a member	the applicable statutory filing requirements, this date will nate's records.
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	filing.) he date inserted in this ient's effective date on UVI: Other provisions, REOUIRED SIGNAT S This do I am av	if any. FURE: Signature of a member ocument is executed in ware that any false information.	ror an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes remation submitted in a document to the Department of Statutes
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	filing.) he date inserted in this ient's effective date on UVI: Other provisions, REOUIRED SIGNAT S This do I am av	if any. FURE: Signature of a member ocument is executed in ware that any false informates a third degree felo	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes remation submitted in a document to the Department of Statutes are provided for in s.817.155, F.S.
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	filing.) the date inserted in this sent's effective date on CVI: Other provisions, REOUIRED SIGNAT S This do I am av	if any. FURE: Signature of a member ocument is executed in ware that any false informates a third degree felo	ror an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes remation submitted in a document to the Department of Statutes are presented for in s.817.155, F.S. ped or printed name of signee
\$ 5.00 Certificate of Status (Optional)	filing.) the date inserted in this sent's effective date on CVI: Other provisions, REOUIRED SIGNAT S This do I am av constitu	if any. FURE: Signature of a member ocument is executed in ware that any false informates a third degree felo	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes remation submitted in a document to the Department of Statutes are presented in a second se
	filing.) the date inserted in this nent's effective date on E VI: Other provisions, REOUIRED SIGNAT S This do I am av constitute \$125.00 Filing Fee for	if any. FURE: Signature of a member ocument is executed in ware that any false informers a third degree felor. Typor Articles of Organiz	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes remation submitted in a document to the Department of Statutes are presented for in s.817.155, F.S. ped or printed name of signee Filing Fees: Exaction and Designation of Registered Agent
Page 2 of 2	filing.) the date inserted in this nent's effective date on E VI: Other provisions, REOUIRED SIGNAT S This do I am av constitute \$125.00 Filing Fee for \$30.00 Certified Co	if any. FURE: Signature of a member ocument is executed in ware that any false informers a third degree felor and the course of Organizopy (Optional)	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes remation submitted in a document to the Department of Statutes are presented in a second se