

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

FAX NUMBER (561) 691-0066

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To:

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

From:

Account Name : ROBERT LEE SHAPIRO, P.A.
Account Number : I19990000101
Phone : (561) 691-0059
Fax Number : (561) 691-0066

****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.
FL Cracker Shack LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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Corporate Filing Menu

D. O'KEEFE

MAY 15 2017

FAX NUMBER: (561) 691-0066

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FL Cracker Shack 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:

Robert Lee Shapiro, Authorized Representative

Name of Person

ROBERT LEE SHAPIRO, PA

Firm/Company

2401 PGA Blvd., Suite 280-B

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

dconolly@rshapiro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise

561

691-0059

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee.
Certificate of Status &
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

FAX NUMBER: (561)691-0066

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FAX NUMBER: (561)691-0066

ARTICLE I - Name:

The name of the Limited Liability Company is:

FL Cracker Shack LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:**Mailing Address:**378 North Lake Blvd., #228
North Palm Beach, FL 33408**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert Lee Shapiro

Name

2401 PGA Blvd., #280-BFlorida street address (P.O. Box **NOT** acceptable)

<u>Palm Beach Gardens</u>	<u>FL</u>	<u>33410</u>
City	State	Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FAX NUMBER: (561)691-0066

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**Sean R. Weaver378 North Lake Blvd., #228North Palm Beach, FL 33408______________________________

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any._____

_____**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Robert Lee Shapiro, Authorized Representative

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)

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TOTAL P.04