

L17000242912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

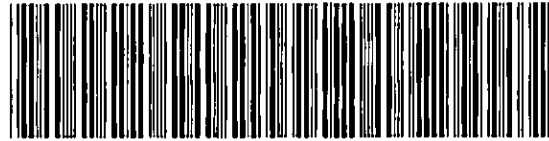
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NOV 28 2017



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11/28/17--01039--004 **125.00

2017 NOV 28 11:01

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2017 NOV 28 11:01
N. SAMS

My NAME IS Rex Griffin,

I WILL BE DISSOLVING The Cage
Nightclub LLC & ~~reincorporating~~ starting
a new filing under the SAME NAME
The Cage Nightclub LLC. located
at 310 Polk DR.

Thank you.

FILED
2017 NOV 23 11:12:13
CLERK OF COURT
CLERK OF COURT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Cage Nightclub 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:

Rex E. Griffin
Name of Person

The Cage Nightclub LLC
Firm/Company

310 POLK DR.
Address

Tallahassee, FL 32301
City/State and Zip Code

thecagebarngnrl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rex E. Griffin at (850) 567-0982
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Cage Nightclub 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:

310 Polk Dr.
Tallahassee, FL 32301

Mailing Address:

P.O. Box 20905
Tallahassee, FL 32316

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:

Rex E. Griffin

Name

310 Polk Dr.

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301

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.

Rex E Griffin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Rex Griffin
P.O. Box 20905
Tallahassee, FL 32316

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01-01-18 (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:

Rex E Griffin

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.

Rex E. Griffin

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)

FILED
2017 DEC 22 12:12