

8/31/2020

L200000261614
 Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000302061 3)))



H200003020613ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : 720150000107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

20 AUG 31 PM 5:27

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: **bgarrod45@hotmail.com**

FLORIDA LIMITED LIABILITY CO.
FINNEGAN'S PUB & GRILLE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2020 AUG 31 PM 2:17

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

SEP 01 2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FINNEGAN'S PUB & GRILLE 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:

115 GRAHAM ST SE
PORT CHARLOTTE, FL 33952

115 GRAHAM ST SE
PORT CHARLOTTE, FL 33952

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:

BRAD GARROD

Name

115 GRAHAM ST SE

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

PORT CHARLOTTE FL 33952

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..

Brad Garrod

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
20 AUG 31 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

BRAD GARROD

115 GRAHAM ST SE

PORT CHARLOTTE, FL 33952

AMBR

BARRET ROADMAN

115 GRAHAM ST SE

PORT CHARLOTTE, FL 33952

(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.

ANY AND ALL LAWFUL BUSINESS.

REQUIRED SIGNATURE:*Brad Garrod*

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.

BRAD GARROD

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
20 AUG 31 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA