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Division of Corporations 4/15/21, 10:34 AM

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LIQUOR LICENSE LOCATORS, LLC
Account Number : I20200000150
Phone : (407)953-0034
Fax Number : (866)929-0535

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

Email Address: psfbb@comcast.net

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FLORIDA LIMITED LIABILITY CO.
JR RESTAURANT GROUP., LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$130.00

T. BURCH
APR 16 2021

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(H21000150453)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JR RESTAURANT GROUP, 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:

JACK SCHAFER
Name of Person

JR RESTAURANT GROUP, LLC
Firm/Company

3922 SAPPHIRE WAY
Address

Naples, Florida 34114
City/State and Zip Code

schafer517@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK SCHAFER at (517) 490-1645
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

JR RESTAURANT GROUP, 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:
17853 SAN CARLOS BLVD	3922 SAPPHIRE WAY
FORT MYERS BEACH, FL 33931	NAPLES, FL 34114

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:

JACK SCHAFER
Name

3922 SAPPHIRE WAY
Florida street address (P.O. Box NOT acceptable)

NAPLES, FL 33931
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.

Jack Schafer
Registered Agent's Signature (REQUIRED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR	JACK SCHAFER 2950 PINETREE RD LANSING, MI 48911
MGR	LINDA SCHAFER 124 EAST MILLER RD LANSING, MI 48911

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/12/2021 (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:

Jack Schafer

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.

JACK SCHAFER

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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