L22000171291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DJ's Clam Shack Orlando LLC

Signature

Requested by:

Name Date Time

Walk-In _____ Will Pick Up _____

171 Ponder's Printing - Thomasville GA 8/00

_____ Art of Inc. File_____

_____ LTD Partnership File_____

_____ Foreign Corp. File_____

_____ L.C. File_____

_____ Fictitious Name File_____

_____ Trade/Service Mark_____

_____ Merger File_____

_____ Art. of Amend. File_____

_____ RA Resignation_____

_____ Dissolution / Withdrawal_____

_____ Annual Report / Reinstatement_____

_____ Cert. Copy_____

_____ Photo Copy_____

_____ Certificate of Good Standing_____

_____ Certificate of Status_____

_____ Certificate of Fictitious Name_____

_____ Corp Record Search_____

_____ Officer Search_____

_____ Fictitious Search_____

_____ Fictitious Owner Search_____

_____ Vehicle Search_____

_____ Driving Record_____

_____ UCC 1 or 3 File_____

_____ UCC 11 Search_____

_____ UCC 11 Retrieval_____

_____ Courier_____

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: DJ's Clam Shack Orlando 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:

Paul Cipparone, Esquire
Name of Person

Cipparone & Cipparone, P.A.
Firm/Company

1525 Interntional Parkway, Suite 1071
Address

Lake Mary, FL 32746
City/State and Zip Code

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

For further information concerning this matter, please call:

Paul Cipparone, Esquire at (321) 275-5914
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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STATE
TALLAHASSEE, FL

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

DJ's Clam Shack Orlando 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:**
358 Fairway Pointe Circle	358 Fairway Pointe Circle
Orlando, FL 32828	Orlando, FL 32828

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:

Cipparone & Cipparone, P.A.
Name

1525 International Parkway, Suite 1071
Florida street address (P.O. Box **NOT** acceptable)

Lake Mary	Florida	32746
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)

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	
AMBR	Edrey Frias 358 Fairway Pointe Circle Orlando, FL 32828
AMBR	Doug Bell 358 Fairway Pointe Circle Orlando, FL 32828

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(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.

Edrey Frias Edrey Frias
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)