

L 24000001164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

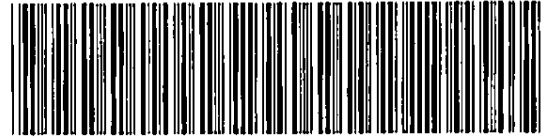
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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TALLAHASSEE, FL



Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 1/3/2024

Trans#: 1431681

Entity Name: Longbill's Opco LLC

Articles of Incorporation ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification ()

Limited Partnership ()

Reinstatement ()

Other ()

Amendment ()

Annual Report ()

Fictitious Name ()

Limited Liability (XXX)

Merger ()

Withdrawal / Cancellation ()

Partnership Registration ()

SECRETARY OF STATE
TALLAHASSEE, FL
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STATE FEES PREPAID WITH CHECK # 3681 FOR \$155.00

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Good Standing () Certificate of Fact ()

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Longbill's OpCo 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:

Christy Floyd, Senior Paralegal
Name of Person
Burr & Forman LLP
Firm/Company
420 North 20th Street, Suite 3400
Address
Birmingham, AL 35203
City/State and Zip Code
kate@whitesandsinvestment.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Floyd at () 205 251-3000
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

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Longbill's OpCo 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:

161 Commerce Street

Apalachicola, Florida 32320

161 Commerce Street

Apalachicola, Florida 32320

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:

Kate Aguiar

Name

161 Commerce Street

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

Apalachicola

Florida

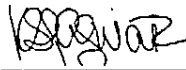
32320

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Forgotten Coast Restaurant Group LLC

161 Commerce Street

Apalachicola, Florida 32320

(Use attachment if necessary)

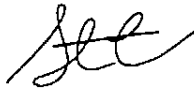
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Steven B. Etchen - Authorized Representative of Member

Typed or printed name of signee

2024 JAN -3 AM 7: 04
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

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)