

# L99000005049

Amy D Munoz  
Requestor's Name

4727 Hwy 90E  
Address

Marianna FL 32446 850-482-  
City/State/Zip Phone # 6654

Office Use Only

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 13 PM 5:06

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. San Marcos Mexican Rest. LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

RECEIVED  
99 AUG 13 PM 4:39  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

700002960157--5  
-08/16/99--01004--003  
\*\*\*\*285.00 \*\*\*\*285.00

BPC 8/13/99

ORIGINAL

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: San Marcos Mexican Restaurant, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 4727 Highway 90, E, Marianna, Florida 32446.

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - Management:**

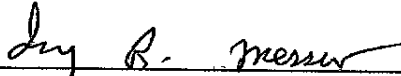
The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is: Ivy R. Messer, 416 West 8th Street, West Point, GA 31833.

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
69 AUG 13 PM 5:06

**ARTICLE VII - Affidavit of Membership and Contributions:**

The undersigned managing member of San Marcos Mexican Restaurant, LLC, certifies:

- (1) the above-named limited liability company has at least one member;
- (2) the total amount of cash contributed by the members is: \$1,100.00
- (3) there is no property, other than cash, contributed by members;
- (4) no additional cash contributions by the members are anticipated as of this filing.



Signature of Managing Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ivy R. Messer  
Name of Signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 13 PM 5:06

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: San Marcos Mexican Restaurant,

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
29 AUG 13 PM 5:06

2. The name and the Florida street address of the registered agent are:

Amy D. Munoz

NAME

4727 Highway 90, E

Florida street address (P. O. Box NOT ACCEPTABLE)

Marianna

FL

32446

CITY, STATE AND 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.*



SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**