

L040000 28 179

(Requestor's Name)

SCHEER, JACKSON, COHEN & SCHOENBERG  
SUITE 275  
3405 PIEDMONT ROAD, N.E.  
ATLANTA, GEORGIA 30305

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

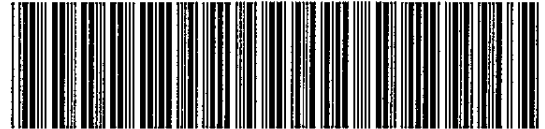
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Handwritten signature/initials*

Office Use Only



000031318930

04/06/04--01004--016 \*\*125.00

04 APR -5 PM 12:32  
FILING OFFICE  
STATE OF GEORGIA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FoodFranchise.com,LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1100 Hammond Drive

Suite 410A-145

Atlanta, GA30328

**Mailing Address:**

1100 Hammond Drive

Suite 410A-145

Atlanta, GA 30328

FILED  
04 APR -5 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation System

Name

1200 South Pine Island Dr.

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

Plantation

FLORIDA 33324

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 as provided for in Chapter 608, Florida Statutes..*



Registered Agent's Signature

**Allan Farnell, Vice President**

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FILED  
04 APR - 5 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

*α*   
Signature of a member or an authorized representative of a member.

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

*α* JEFF KATIS  
Typed or printed name of signee

- Filing Fees:**  
\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)