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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694 Fax Number : {305}541-3770

LIMITED LIABILITY COMPANY

food court operators florida, llc

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF FOOD COURT OPERATORS FLORIDA, LLC

<u>ARTICLE I - NAME</u>

The name of the Limited Liability Company is: FOOD COURT OPERATORS FLORIDA, LLC (the "Company").

ARTICLE II- ADDRESS

The mailing address and street address of the principal office of the Company is: 100 S.E. 2nd Street, Suite 3950, Miami, FL 33131.

ARTICLE III- DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV- MANAGEMENT

The Company will be a manager-managed Company. The name and address of the Manager is:

Name

Address

George Spillis

100 S.E. 2nd Street

Suite 3950

Miami, Florida 33131

ARTICLE V - EFFECTIVE DATE

The effective date of formation of the Company is September 14, 2000.

IN WITNESS WHEREOF, the undersigned Representative of the Company has executed these Articles of Organization this 14 day of September, 2000.

Norman's. Weider, Esq.

Preparer: Norman S. Weider, Beq. 100 S.E. 2d Street, #3950 Miami, FL 33131 Phone; (305) 371-6338 - Florida Bar No. 150388

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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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: FOOD COURT OPERATORS FLORIDA, LLC.
- 2. The name and address of the registered agent and office is:

Norman S. Weider, Esq. 100 S.E. 2nd Street Suite 3950 Miami, Florida 33131

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 PROPERTY AND COMPLETE PERFORMANCE OF MY DUTTES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

YORMAN'S/WEIDER, ESQ.

DATE: 9/14/20_

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