

L000000008279

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

MJH

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

1- IMPACT RESTAURANTS, L.L.C.

2-

3-

4-

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 12 PM 4:53

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" 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

300003322159--0  
-07/13/00--01040--019  
\*\*\*125.00 \*\*\*125.00

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

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 JUL 12 PM 10:51

RECEIVED

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**of**

**IMPACT RESTAURANTS, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 12 PM 1:53

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Impact Restaurants, L.L.C.

**ARTICLE II – Address:**

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

7627 Courtney Campbell Causeway  
Tampa, Florida 33607

**ARTICLE III – Registered Agent, Registered Office and Registered Agent's Signature:**

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

Kent Runnells

Name


101 Main Street, Suite A

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

Safety Harbor, Florida 34695

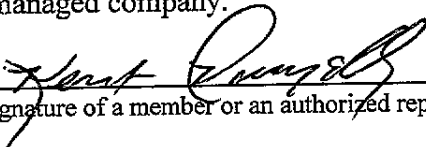
City, State and Zip

*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.*

  
Registered Agent's Signature

**ARTICLE IV – Management (Check box if applicable):**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

  
\_\_\_\_\_  
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.)

Kent Runnells  
\_\_\_\_\_  
Typed or printed name of signee