

Division of Corporations

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Florida Department of State
Division of Corporations
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((H02000156079 4)))

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Account Number : I19990000030
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 JUN 24 AM 7:47

RECEIVED

LIMITED LIABILITY COMPANY

F.C.C. On Site Food Services, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

STATE AUDIT # (((H02000156079 4)))

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF
F.C.C. On Site Food Services, LLC,
A Florida Limited Liability Company**

**ARTICLE I:
Name**

The name of the limited liability company ("Company") is **F.C.C. On Site Food Services, LLC, a Florida Limited Liability Company.**

**ARTICLE II:
Duration and Purpose**

The period of duration for the Company is perpetual. The purpose of this limited liability company is to engage in any and all lawful businesses.

**ARTICLE III:
Address**

The mailing and street address of the Company's principal office is 1590 First Street, Sarasota, FL 34236.

**ARTICLE IV:
Registered Agent and Office**

The name of Company's initial registered agent in Florida is **James C. Goar**. The street address of the Company's registered office and registered agent in Florida is 1590 First Street, Sarasota, FL 34236.

**ARTICLE V:
Admission of New Members**

The members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing member(s), and the existing member(s) shall determine the amount and nature of contributions by new members at the time the new members are admitted.

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ARTICLE VI:
Right of Remaining Members to Continue Business

The remaining members of the Company, if any, have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Company. The business may be continued only on the unanimous written consent of the remaining members.

ARTICLE VII:
Management

The Company is to be managed by its members. The members are identified as follows:

James C. Goar
1590 First Street
Sarasota, FL 34236

Lawrence L. Dodson
5331 Sara Pointe Drive
Sarasota, FL 34232

Robert Stjernevall
592 Ranger Drive
Longboat Key, FL 34228

IN WITNESS WHEREOF, the members of the Company has executed these Articles of Organization effective the 21 day of June, 2002,.

James C. Goar
James C. Goar
Lawrence L. Dodson
Lawrence L. Dodson
Robert Stjernevall
Robert Stjernevall

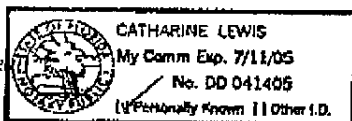
STATE OF FLORIDA
COUNTY OF Sarasota

The foregoing instrument was acknowledged before me this 21 day of June, 2002, by JAMES C. GOAR, who

- ☒ is personally known to me; or
☐ produced a driver's license issued by the Florida Department of Highway Safety and Motor Vehicles as identification; or
☐ produced the following identification: _____

and has not taken an oath.

(Affix Notary Seal)



Catharine Lewis
NOTARY PUBLIC, State of Florida at Large
Typed name: Catharine Lewis
My Commission Expires: 7/11/05
My Commission No.: DD 041405

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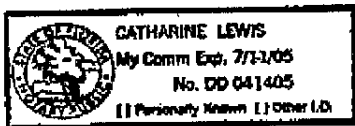
STATE AUDIT # (((H02000156079 4)))

STATE OF FLORIDA
COUNTY OF Sarasota

The foregoing instrument was acknowledged before me this 21 day of June, 2002, by LAWRENCE L. DODSON, who

- ☒ is personally known to me; or
☐ produced a driver's license issued by the Florida Department of Highway Safety and Motor Vehicles as identification; or
☐ produced the following identification: _____
and has not taken an oath.

(Affix Notary Seal)



Catharine Lewis
NOTARY PUBLIC, State of Florida at Large
Typed name: Catharine Lewis
My Commission Expires: 7/11/05
My Commission No.: DD041405

STATE OF FLORIDA
COUNTY OF Sarasota

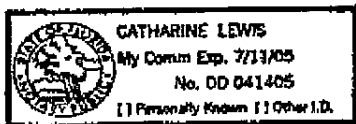
BEFORE ME, the undersigned authority, on this 21 day of June, 2002, personally appeared

Robert Sjernevall

who executed the foregoing instrument in his/her personal or authorized representative capacity(ies) indicated above, and who

- ☒ are personally known to me; or
____ produced _____ and _____ Passports
____ produced the following identification: _____ and _____
and ____ did ____ did not take oaths.

(Affix Notary Seal)



Catharine Lewis
NOTARY PUBLIC, State of Florida at Large
Typed name: Catharine Lewis
My Commission Expires: 7/11/05
My Commission No.: DD041405

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

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating its registered office/registered agent, in the State of Florida:

- (1) The name of the limited liability company is:
F.C.C. ON SITE FOOD SERVICES, LLC, a Florida Limited Liability Company.
- (2) The name and address of the registered agent and office is:
James C. Goar, 1590 First Street, Sarasota, FL 34236.

Having been named as registered agent and to accept service of process for the above-named 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.

Dated the 21 day of June 2002.


JAMES C. GOAR

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