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| (Re | questor's Name) | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (Au | uless) | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

| | na osoman | May 2, 2003 | |
|---|--|--|---|
| S | | CORPORATION NAME (S) AND DOCUM | MENT NUMBER (S): |
| | Filing Evidence Plain/Confirmation Copy | Type of Docume ☐ Certificate of Star | |
| | ○ Certified Copy | ☐ Certificate of Go | od Standing |
| | | ☐ Articles Only | |
| | Retrieval Request Photocopy Certified Copy | ☐ All Charter Docu Articles & Amen ☐ Fictitious Name | dments |
| | NEW FILINGS | AMENDMENTS | |
| | Profit | Amendment | |
| | Non Profit | Resignation of RA Officer/Director | 1 03 11VISH |
| X | Limited Liability | Change of Registered Agent | TOH I |
| | Domestication | Dissolution/Withdrawal | CH 201 |
| | Other | Merger | RECEIVED OR MAYNEN DE LES CONATION DIVISION OF LES CONATION |
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| | OTHER FILINGS | | |
|------------------|-----------------|--|--|
| Annual Reports | | | |
| | Fictitious Name | | |
| Name Reservation | | | |
| | Reinstatement | | |

| | REGISTRATION/QUALIFICATION |
|---|----------------------------|
| | Foreign |
| · | Limited Liability |
| | Reinstatement |
| | Trademark |
| | Other |

ARTICLE I - Name:

The name of the Limited Liability Company is: BUNS RESTAURANT, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 400 SOUTH POINTE DRIVE, SUITE 2109, MIAMI, FL 33139

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

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

| UCC Filing & Search Se | ervices, Inc. |
|------------------------|---------------------------|
| N | ame |
| 526 E PARK AVENUE | |
| Florida street address | (P.O. Box NOT acceptable) |
| TALLAHASSEE | _{FL} 32301 |
| City, S | 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, F.S.

UCC FILING & SEARCH SERVICES, INC.

By: Fand

ED HAND, PRESIDEN Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

ROBERT RAFFERTY, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

US MALTE ARY OF STATE
STEAMARSSEE, FLORID

FILED