

L03000018826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

CF-76.25

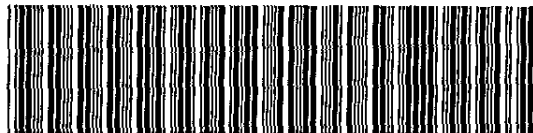
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000018936350

05/21/03--01031--004 **78.75

05/27/03--01010--012 **76.25

RECEIVED
03 MAY 21 AM 10:58
DEPT. OF REVENUE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED
03 MAY 27 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PK



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 21, 2003

EMPIRE

TALLAHASSEE, FL

SUBJECT: TIME TO DINE, LLC
Ref. Number: W03000014586

FILED
03 MAY 27 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TIME TO DINE, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$78.75 payment.

THE TOTAL amount required to file an LLC and to obtain a certified copy of the filing is \$155.00.

Please send an ADDITIONAL \$76.25.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 803A00031728

RECEIVED
03 MAY 27 AM 9:23
DIVISION OF CORPORATION

Charter Number Only

05/20/03

Requestor's Name
Address
City State ZIP Phone

VALIDATION ONLY

FILED
03 MAY 27 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Time to Dine, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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MAY 27 AM 10:28
TALLAHASSEE, FLORIDA

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Buck Kohr
Corporate Specialist

Letter Number: 803A00031728

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Time To Dine, LLC

ARTICLE II - Address:

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

3622 Dunes Vista Drive
Pompano Beach, FL 33069

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

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

Barbara Henson
Name
3622 Dunes Vista Drive
Florida street address (P.O. Box NOT acceptable)
Pompano Beach, FL 33069
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, F.S..

[Signature]
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.

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

[Signature]
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.)

Barbara Henson
Typed or printed name of signer

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)

03 MAY 27 AM 10:28
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA