

L03000055839

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000341670 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FLORIDA FILING & SEARCH SERVICES
Account Number : I20000000189
Phone : (850) 668-4318
Fax Number : (850) 668-3398

**LIMITED LIABILITY COMPANY
GOODMAX RESTAURANT GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

DIVISION OF CORPORATION

03 DEC 24 PM 2:26

RECEIVED

03 DEC 24 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

JB
12-24-03

12/24/2003 13:47 8506683398

FLORIDA FILING

PAGE 03

DEC-24-2003 WED 02:58 PM AIL/RAL/RALS

FAX NO. 3024215753

P. 03

H0300034/670

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Goodmax Restaurant Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

1400 E. Hillsboro Blvd.

Deerfield Beach, FL 33441

Mailing Address:

1400 E. Hillsboro Blvd.

Deerfield Beach, FL 33441

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

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

Michael E. Wargo

Name

Blackstone Bldg., 3rd Floor 707 SE 3rd Ave.

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

Fort Lauderdale

FLORIDA

33316

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, Florida Statutes.

Michael E. Wargo
Registered Agent's Signature

Page 1 of 2
(CONTINUED)

H0300034/670

03 DEC 24 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DEC-24-2003 WED 02:57 PM AIL/RAL/RALS

FLORIDA FILING

FAX NO. 3024215753

PAGE 04

P. 04

H0300034/670

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Times

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

John McBride

1400 E. Hillsboro Blvd., Ste. 200
Deerfield Beach, FL 33441

MGRM

MGRM

Jill Goodman

1400 E. Hillsboro Blvd., Ste 200
Deerfield Beach, FL 33441

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John McBride
Typed or printed name of signer

03 DEC 24 PM 2:29
SECRETARY OF STATE
TALLAHASSEE - FLORIDA

AND
FILED

Elaine Fuchs

\$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)

#0300034/670