

L04000028975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

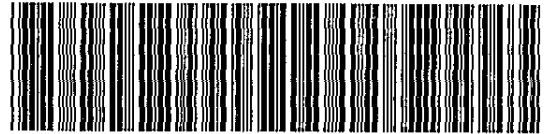
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

4/8 FL 2C

Office Use Only



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04/08/04--01051--015 \*\*125.00

MJH

04 APR - 9 PM 3:21

FILED

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John G. Mac'Kie III  
5801 Glen Cove Drive, Suite 505  
Naples, Florida 34108  
(239) 592-1143

April 7, 2004

**Via Federal Express**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

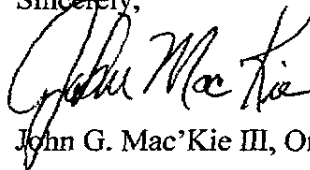
**RE: Articles of Organization for a Proposed Domestic Limited Liability Company**

LLC Filings Office:

I enclose an original and one copy of the proposed Articles of Organization of Buffalo Chips Restaurant Franchising, LLC a proposed domestic limited liability company. Please file the Articles of Organization and return a letter of acknowledgment upon registration to me at the address above.

One check in the amount of \$125.00 (\$100 filing fee, \$25 designation of registered agent), made payable to the Florida Department of State is enclosed.

Sincerely,



John G. Mac'Kie III, Organizer

Enclosures: Articles of Organization; one check; self-addressed envelope with postage prepaid

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Buffalo Chips Restaurant Franchising, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

26620 Old U.S. 41

26620 Old U.S. 41

Bonita Springs, Florida 34135

Bonita Springs, Florida 34135

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

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

Alfred L. Greenwood, Jr.

Name

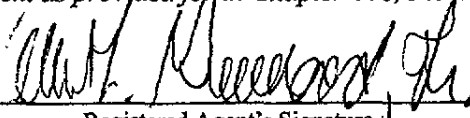
27891 Lance Drive

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

Bonita Springs, FLORIDA 34135

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..*



Registered Agent's Signature

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04 APR -8 PM 3:21  
TALLAHASSEE, FLORIDA

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

"MGRM" = Managing Member

**Name and Address:**

MGRM

Alfred L. Greenwood, Sr.

~~26620 Old U.S. 41~~

Bonita Springs, Florida 34135

MGRM

Alfred L. Greenwood, Jr.

27891 Lance Drive

Bonita Springs, Florida 34135

(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 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.)

Alfred L. Greenwood, Jr.  
Typed or printed name of signee

**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)**