

L 04000045884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

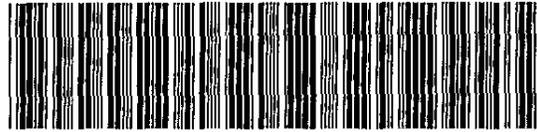
(Business Entity Name)

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04 JUN 18 AM 10:15  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

04 JUN 18 PM 12:20  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
04 JUN 18 PM 12:20  
STATE  
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH  
DATE: 6/18/04  
REF. #: 0996.27319  
CORP. NAME: BK FLORIDA PARTNERS, L.L.C.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 7268 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION OF  
BK FLORIDA PARTNERS, L.L.C.**

**FILED**  
04 JUN 18 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

**Name**

The name of the Limited Liability Company is BK FLORIDA PARTNERS, L.L.C.

**ARTICLE II**

**Address**

The mailing and street address of the Company's principal office is 30 Windsor Drive, Englewood, Florida 34223.

**ARTICLE III**

**Duration**

The period of duration of the Company is perpetual, beginning on the date these Articles of Organization are filed by the Florida Department of State.

**ARTICLE IV**

**Registered Agent and Office**

The name of Company's initial registered agent in Florida is William E. Linville III. The address of Company's registered office in Florida is 30 Windsor Drive, Englewood, Florida 34223.

**ARTICLE V**

**Management**

The Company is to be managed by William E. Linville III and Kathryn S. Linville. William E. Linville III and Kathryn S. Linville will serve until the first annual meeting of the members. The initial managers are identified as follows:

William E. Linville III and Kathryn S. Linville

**ARTICLE VI**

**Admission of New Members**

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 members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

**ARTICLE VII**

**Continuation of Business**

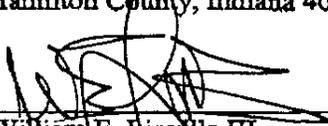
The remaining members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event, which terminates the continued membership of a member in the Company. The business may be continued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

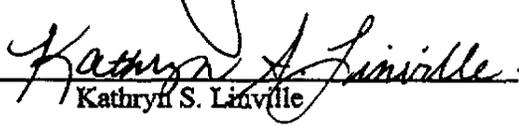
**ARTICLE VIII**

**Additional Provisions**

The power to adopt, alter, amend, or repeal the regulations of the Company is vested entirely in the managers listed in Article V.

IN WITNESS WHEREOF, we have executed these Articles of Organization on this 8<sup>th</sup> day of JUNE, 2004, at Fishers, Hamilton County, Indiana 46038.

  
\_\_\_\_\_  
William E. Linville III

  
\_\_\_\_\_  
Kathryn S. Linville

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

Pursuant to the provisions of Florida Statute Section 608.415 or 608.507, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

BK FLORIDA PARTNERS, L.L.C.

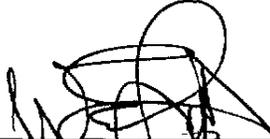
2. The name and address of the registered agent and office is:

William E. Linville III  
30 Windsor Drive  
Englewood, Florida 34223

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: \_\_\_\_\_

6/8/2004

  
\_\_\_\_\_  
William E. Linville III