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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0393

From: Account Name : CLARION VENTURES, INC.
Account Number : I20030000026
Phone : (801) 721-4788
Fax Number : (801) 475-6420



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DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

Dinner D8-ing LLC

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$125.00

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dinner Dining LLC

ARTICLE II - Address:

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

Principal Office Address:

4256 Juniper Terrace

Boynton Beach FL, 33436

Mailing Address:

4256 Juniper Terrace

Boynton Beach FL, 33436

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

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

Toni Marie Glerum

Name

4256 Juniper Terrace

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

Boynton Beach,

FLORIDA 33436

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..

TM Glerum

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	Toni Marie Glerum 4256 Juniper Terrace Boynton Beach FL, 33438
_____	_____
_____	_____
_____	_____
_____	_____

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(Use attachment if necessary)

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

REQUIRED SIGNATURE:

TM Glerum
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.)

TM GLERUM (TONI MARIE GLERUM)
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)