

L040000 905 21

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

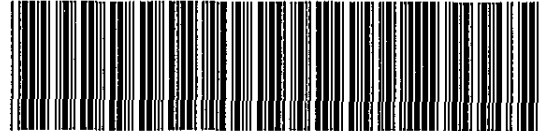
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BRK

Office Use Only



100041941051

FILED

04 DEC 15 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 DEC 15 PM 9:06
TALLAHASSEE, FLORIDA
LATE
SESSIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 084061 10463A

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 160.00

FILED
04 DEC 15 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 14, 2004

ORDER TIME : 5:04 PM

ORDER NO. : 084061-005

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln
Cohen Norris Scherer
Weinberger & Wolmer
Suite 400
712 U.S. Highway 1
North Palm Bch, FL 33408-7146

DOMESTIC FILING

NAME: A & M RESTAURANT DEVELOPMENT
GROUP, LLC

EFFECTIVE DATE: DECEMBER 10, 2004

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION OF
A & M RESTAURANT DEVELOPMENT GROUP, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is **A & M RESTAURANT DEVELOPMENT GROUP, LLC**.

ARTICLE II

This limited liability company shall have perpetual existence from the **EFFECTIVE DATE OF DECEMBER 10, 2004** of these Articles of Organization with the Department of State, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 1501 S. Flagler Dr., West Palm Beach, FL 33401. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is **STEVE HAFT, 1501 S. Flagler Dr. West Palm Beach, FL 33401.**

ARTICLE V

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 14th day of December, 2004.

**SOTHERN RESTAURANT GROUP, LLC,
MEMBER**

BY: _____

DANNY YORK, Manager

FILED
04 DEC 15 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That A & M RESTAURANT DEVELOPMENT GROUP, LLC, a Florida Limited liability company, with its registered office at 1501 S. Flagler Dr., West Palm Beach, FL 33401, has named STEVEN HAFT, at 1501 S. Flagler Dr, West Palm Beach, FL 33401 as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By: 

STEVEN HAFT,
Registered Agent

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 14th day of December, 2004 by STEVEN HAFT, who is personally known to me or who has produced Florida State Driver's License Number H130 79571111 0 as identification and who did ☒ or did not () take an oath,

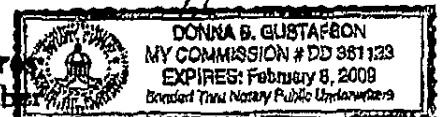
Executed this 14th day of December, 2004.


Signature of Notary

Printed Name:

My Commission Expires

My Commission Number



Tennessee
STATE OF FLORIDA)
Maury)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 14 day of December, 2004, by DANNY YORK, who is personally known to me or who has produced Florida State Driver's License Number _____ as identification and who did () or did not (X) take an oath.

Executed this 14 day of December, 2004.



Gina L. Bennett
Signature of Notary
Printed Name: Gina Bennett
My Commission Expires: 8-20-08
My Commission Number: