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.

(((H05000002827 3)))

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

TQ :

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number (850)222-1092 (850) 222-9428

## LIMITED LIABILITY COMPANY

## L&LPM Restaurants, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Planternic Piling Manua

Cornerate Filings

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
L&LPM Restaurants, LLC		
ARTICLE II - Address: The mailing address and street address of the	te principal office of the Limited Liability Com	ipany is:
Principal Office Address:	Mailing Address:	
c/o Linda Reiter	c/o Linda Reiter	
16191 N.W. 9th Drive	16191 N.W. 9th Drive	<del>_</del>
Pembroke Pines, FL 33028	Pembroke Pines, FL 33028	_
ARTICLE III - Registered Agent, Register The name and the Plorida street address of t	ered Office, & Registered Agent's Signature	2005 JAN SECRET TALLAHI
Linda Reiter		ASE N
Name		SEE OF IT
16191 N.W. 9th Drive		The E
Florida street address (P.O. Box NOT acceptable)		ري <del>در</del>
Perabroke Pines, FL 33028		22 J
City, State, and Zip		9 DA
Having been named as registered agent and	to accept service of process for the above stated	l limited

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, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ج

<u>itle:</u> MGR" = Manager MGRM" = Managing Membe	Name and Address:
ACTRIM	Linda Reiter
	16191 N.W. 9th Drive
	Pambroke Pines, FL 33028
<del></del>	`
EQUIRED SIGNATURE:  Simulation of a  (In accordance of this document	with section 608,408(3), Plorida Statutes, the execution at constitutes an affirmation under the penalties of perjury agents for agents.
mer ove freez	Linds Reiter
	Typed or printed name of signee
filing Foot	
\$125.00 Filing Fee for Articles of Registered Agent \$ 30.00 Certified Copy (Option	-

Page 2 of 2

P.04/04

JAN-05-2005 11:20

CT CORPORATION

1515 Market Street Suite 1210 Philadelphia PA 19102

Phone: (215) 563-7397 Kyndra D Worreil SERVICE REQUEST FORM Philadelphia Corporate Team 1 Fax: (215) 563-7773 Order #: 6275333 SO C T Corporation System Phone: (850) 222-1092 660 East Jefferson Street (850) 222-7615 Date: 01/04/05 Tallahassee FL 32301 Email: CT\_Tallahassee\_Fulfillment@cch-lis.com

Target

L&LPM Restaurants, LLC (FL)

Qty 1 Service Type Formation

Jurisdiction

Florida

Filing Office

Secretary of State, Florida

Target

L&LPM Restaurants, LLC (FL)

Oty

Service Type

1 Cert Copy of Articles of Org

Jurisdiction
Florida

Filing Office

Secretary of State, Florida

Due By Date:

01/06/05

**Expedited Service Level:** 

No

Delivery Instructions:

Fax/Next Day Delivery

Shipping instructions:

Harry A Reichner

Kaplin, Stewart, Maloff, Reiter & Stein

PO Box 3037

Blue Bell PA 19422-0765 Email: hreichner@kaplaw.com

Fax: (610) 260-1240

Special Instructions:

TOTAL P.04

ې