

(Re	equestor's Name)
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(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
		
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration S Division of C			•
SUBJECT:	ONE STO	OP DINER I	LLC
SOBSECT:	(Name of Limite	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	KEN BRAD	BURY	
	()	Name of Person)	
		Firm/Company)	
_ 118	21 LOGANFII	ELD Court	
		(Address)	
	INCINNATI	OH 45249	
	(City)	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Ken o	ealbung	at (Sl3) 677 (Area Code & Daytime To	8483
(Nam	e of Person)	(Area Code & Daytime Te	elephone Number)
	for the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis 409 I	EET ADDRESS: stration Section ion of Corporations E. Gaines Street bassee, Florida 32399	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection Sprporations Sp

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
ONE STOP DINER LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: ONE STOP DINES
STON THOMAS DRIVE 11821 LOCANFIELD COURT
DANAMA CITY BEACH CINCIPHATI
FL 32408 OH 45249
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
JEANNIE DELORIEA
ONE STOP D'AMER
5700 THOMAS DAIVE
Florida street address (P.O. Box NOT acceptable)
PANAMA CITY SEALUFL 32403
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, F.S Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Managér(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member KEN BRAOBURY LOGAMFIEL MGR (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.) NEN BRADBURY Typed or printed name of signee Filing Fees:

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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)