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(Requestor's Name)		
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PICK-UP WAIT	MAIL	
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(Document Number)	
Certified Copies Certificate	s of Status	
Special Instructions to Filing Officer:		
Special instructions to Filing Officer.		
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Security Division of Cor						
SUBJECT: Popcorn	Zone Franchise Systems, L (Name of Limite		npany)			
	(Times of Danie	a blasting out	inputty)			
The enclosed Articles of	Organization and fee(s) are s	submitted for fi	ling.			
Please return all correspond	ondence concerning this matte	er to the follow	ing:			
Perri De	i ha mana					
Barry Ro		Name of Person)	. 			
Popcom Zone Franc	hise Systems, LLC					
		(Firm/Company)	· 	··· ··		
7440 Beraca	asa Way					
***************************************		(Address)			 !	
Boca	Raton, Fl. 33433					
	(City	/State and Zip C	ode)		· · · · · · · · · · · · · · · · · · ·	5
					<u>.</u>	: :
For further information of	concerning this matter, please	call:			r r	
Barry Rothberg		at (_561	447-9655		ξ	() ()
(Name	of Person)		Code & Daytime Te	lephone Number	r)	
Enclosed is a check for	r the following amount:					
Ø \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee &	S160.00 Certificate of		
	Commune of Guines		py is enclosed)	Certified C	ору	
STRE	ET ADDRESS:		MAILING A	NDF46.		
Regist	ration Section		Registration Se	ection		
	on of Corporations Gaines Street		Division of Co P.O. Box 6327			
	assee, Florida 32399		Tallahassee, F			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is: Popcom Zone Franchise Systems, LLC				
Principal Office Address:	Mailing Address:			
7440 Beracasa Way	7440 Beracasa Way			
Boca Raton, Fl. 33433	Boca Raton, Fl. 33433			
ARTICLE III - Registered Agent, Register The name and the Florida street address of the		nt's Signature:		
Nai	me			
7440 Beracasa Way				
	address (P.O. Box NOT acceptable)			
Boca Raton 33433 City, State	FL te, and Zip			
Having been named as registered agent and liability company at the place designated a registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accepticity. I further agree to comply we performance of my duties, and I	ot the appointment as with the provisions of all I am familiar with and		
Registered age	INUED)	(51); -2 <i>ETT</i> :		
·		ia a na an		

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Sherrill Rothberg
	7440 Beracasa Way
	Boca Raton, Fi. 33433
MGRM	Barry Rothberg
	7440 Beracasa Way
	Boca Raton, Fl. 33433
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Bu	uy tell
Signature of a member	or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
Barry Rothberg	
Туре	d or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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