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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Diner Management Services LLC

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- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
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- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by:

Name

Date

Time

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ARTICLES OF ORGANIZATION
OF
DINER MANAGEMENT SERVICES, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

The name of this Limited Liability Company is:

Diner Management Services, LLC

ARTICLE II

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

Mailing Address
P.O.Box 110766
Naples, FL 34108

Street Address
Pebblebrook Shopping Center Plaza
15215 Collier Boulevard
Suite 324 and 325
Naples, FL 34119

ARTICLE III

The purpose for which the Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV

The name and street address of the Registered Agent of the company in the State of Florida is:

Paul Pacchiana, Esq.
5425 Park Central Court
Naples, Florida 34109.

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.

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TALLAHASSEE, FLORIDA

Registered agent signature:

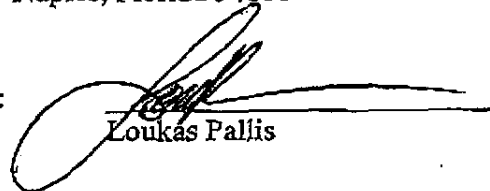

Paul P. Pacchiana

ARTICLE V

The name and address of the managing members/managers are:

Title: Managing Member
Loukas Pallis
P.O. Box 110776
Naples, Florida 34108

Signature of Member:


Loukas Pallis

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company, submits the following statement to designate a registered office and a registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

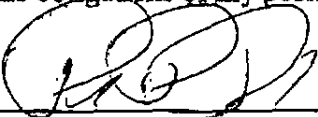
Diner Management Services, LLC

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

PAUL P. PACCHIANA
5425 PARK CENTRAL COURT
NAPLES, FLORIDA 34109

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 Signature: _____


Paul P. Pacchiana