

LU60000 59758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

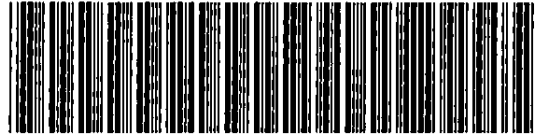
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BK

Office Use Only



400076040164

RECEIVED

06 JUN 12 PM 4:17

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2006 JUN 12 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 171870 7332376

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : June 12, 2006

ORDER TIME : 2:26 PM

ORDER NO. : 171870-005

CUSTOMER NO: 7332376

FILED  
2006 JUN 12 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: MT'S CHOP HOUSE, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: \_\_\_\_\_

2006 JUN 12 AM 8:49  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
OF  
MT's CHOP HOUSE, LLC

Article 1

**Name.** The name of this Florida Limited Liability Company is **MT'S CHOP HOUSE, LLC.**

Article II

**Principle Office.** The principal place of business and mailing address of this Limited Liability Company shall be 3545 SW 34<sup>th</sup> Street, Gainesville, Florida, 32608.

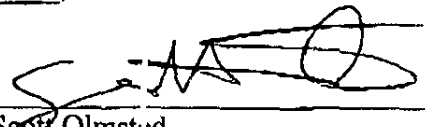
Article III

**Registered Agent.** The street address of the initial registered office of this Limited Liability Company is 527 East University Avenue, Gainesville, Florida 32602, and the name of the initial registered agent of this Limited Liability Company is S. Scott Walker, Esquire.

Article IV

**Managing Member.** The name and address of the Managing Member is Scott Olmsted, 3545 SW 34<sup>th</sup> Street, Gainesville, Florida 32608.

IN WITNESS WHEREOF, the undersigned Managing Member has executed these Articles of Organization this 9<sup>th</sup> day of JUNE, 2006.

  
Scott Olmsted  
Managing Member

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of June, 2006 by Scott Olmsted, who is personally known to me or who has produced SSW as identification and who did not take an oath.



  
Notary Public, State of Florida  
My Commission Expires

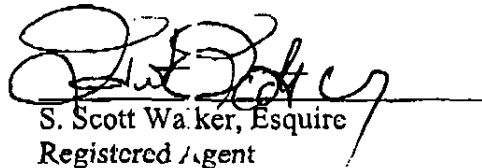
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuant of Chapter 608, Florida Statutes, the following is submitted, in compliance with said Act:

First. That **MT'S CHOP HOUSE, LLC**, desiring to organize under the Laws of the State of Florida with its principal office, as indicated in the Articles of Organization, at City of Gainesville, County of Alachua, State of Florida, has named **S. SCOTT WALKER, ESQUIRE** located at 527 East University Avenue, City of Gainesville, County of Alachua, State of Florida, as its agent to accept service of process within this State.

**ACKNOWLEDGEMENT**

Having been named as registered agent and to accept service of process from 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, Florida Statutes.

  
S. Scott Walker, Esquire  
Registered Agent