

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number : (850) 878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Jimmy Johns Sarasota, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
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Patty O'Grady

312-884-7186

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Jimmy Johns Sarasota, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

### ARTICLE II - Address:

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

#### Principal Office Address:

1626 Ringling Boulevard

Suite 103

Sarasota, Florida 34236

#### Mailing Address:

1626 Ringling Boulevard

Suite 103

Sarasota, Florida 34236

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company must name as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Oliver Young

Name

1626 Ringling Boulevard, Suite 103

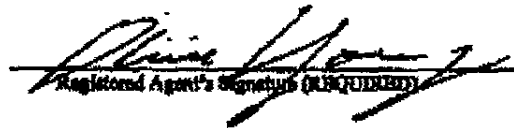
Florida street address (P.O. Box NOT acceptable)

Sarasota, Florida 34236

FL

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 (REQUIRED)

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

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

**Title:****Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGROliver Young1838 Ringling Boulevard, Suite 103Sarasota, Florida 34238

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

 Signature of a member or an authorized representative of a member.

(In accordance with section 605.40(5), Florida Statute, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

Oliver Young

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
 of Registered Agent  
 \$ 20.00 Certified Copy (Optional)  
 \$ 5.00 Certificate of Status (Optional)

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