

L06000087446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

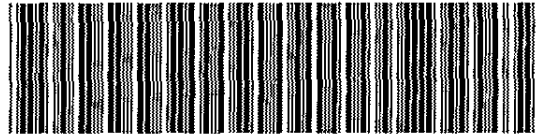
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100079252651

FILED

06 SEP -6 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

06 SEP -6 PM 1:07

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 356344 7518993

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : September 6, 2006

ORDER TIME : 11:14 AM

ORDER NO. : 356344-075

CUSTOMER NO: 7518993

06 SEP -6 PM 4:03  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: CHICKEN KITCHEN CARROLLWOOD,  
LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

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

**ARTICLES OF ORGANIZATION**

**FOR**

**CHICKEN KITCHEN CARROLLWOOD, LLC**

**A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
06 SEP -6 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I-Name:**

The name of the Limited Liability Company is:

**CHICKEN KITCHEN CARROLLWOOD, LLC**

**ARTICLE II-Address:**

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

**6020 WINTHROP TOWN CENTRE AVENUE  
RIVERVIEW, FL 33569**

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

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

**ANTONY G. FRIEL  
6020 WINTHROP TOWN CENTRE AVENUE  
RIVERVIEW, FL 33569**

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
**ANTONY G. FRIEL**

#### **ARTICLE IV-Management**

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

#### **ARTICLE V-Managing Members(s):**

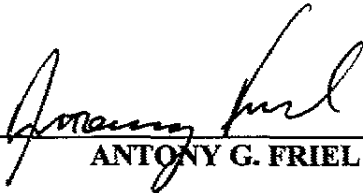
The name and address of the Managing Member is as follows:

<b>Title:</b>	<b>Name and Address:</b>
MGRM	RAVING FANS RESTAURANT GROUP II, LLC 6020 Winthrop Town Centre Ave. Riverview, FL 33569

#### **ARTICLE VI-Effective Date:**

This Limited Liability Company is to become effective upon listing of this certificate with the Secretary of State.

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.

  
\_\_\_\_\_  
ANTONY G. FRIEL