

LD6000116782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

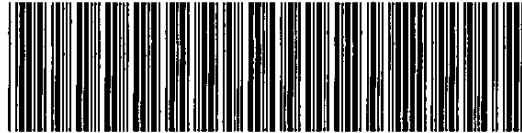
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## LANE & WATERMAN LLP

Established 1854

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December 5, 2006

**VIA FEDERAL EXPRESS OVERNIGHT DELIVERY**

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Florida Department of State  
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee FL 32301

Re: **Restaurant Support Solutions, LLC**  
Request for Filing

Dear Sir or Madam:

Enclosed please find Articles of Organization for the above-referenced entity to be filed with your office. Also enclosed is a check in the amount of \$130.00 for fees associated with this filing. Please proceed with filing and **return filing evidence to Lane & Waterman LLP, Attn: Sara Trainor, 220 North Main, Suite 600, Davenport IA 52801 in the self-addressed stamped envelope enclosed. Please also provide us with a Certificate of Status.**

Please contact me if you have any questions. Thank you for your prompt attention to this request.

Very truly yours,

LANE & WATERMAN LLP



Sara E. Trainor  
Corporate Paralegal

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Restaurant Support Solutions, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

S. Trainor, Corporate Paralegal

(Name of Person)

LANE & WATERMAN LLP

(Firm/Company)

220 N. Main Street, Suite 600

(Address)

Davenport IA 52801

(City/State and Zip Code)

For further information concerning this matter, please call:

S. Trainor

(Name of Person)

at ( 563 ) 333-6638

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Restaurant Support Solutions, 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:

1632 Seabreeze Drive  
Tarpon Springs FL 34689

#### Mailing Address:

1632 Seabreeze Drive  
Tarpon Springs FL 34689

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

(The Limited Liability Company cannot serve 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:

David Ulgenalp

Name

1632 Seabreeze Drive

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

Tarpon Springs FL 34689

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

(CONTINUED)

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

David Ulgenalp  
1632 Seabreeze Drive  
Tarpon Springs FL 34689

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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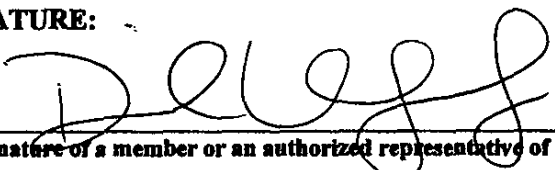
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(Use attachment if necessary)

**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 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.)

David Ulgenalp

Typed or printed name of signer

**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)**