

**L07000011347**

Florida Department of State  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Commercial Restaurants LLC**

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FAX AUDIT #

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**ARTICLES OF ORGANIZATION  
OF  
Commercial Restaurants LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Commercial Restaurants LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 6222 Wild Orchid Dr., Lithia, Florida 33547.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Clyde Jensen, 6222 Wild Orchid Dr., Lithia, Florida 33547. Located in the County of Hillsborough.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2047.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Clyde Jensen, 6222 Wild Orchid Dr., Lithia, Florida 33547



Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

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FAX AUDIT # #070000258753CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

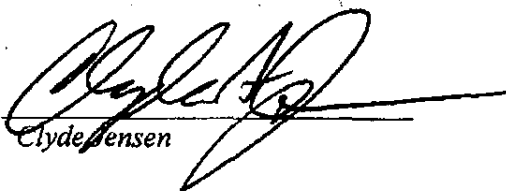
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Commercial Restaurants LLC**

The name and address of the registered agent and office is Clyde Jensen, 6222 Wild Orchid Dr., Lithia, Florida 33547. Located in the County of Hillsborough.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

  
Clyde Jensen

Date:

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