

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
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FLORIDA/FOREIGN LIMITED LIABILITY CO.**ADAM CNA RESTAURANT LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **ADAM CNA RESTAURANT LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

14185 Beach Blvd.

14185 Beach Blvd.

Jacksonville, FL 32250

Jacksonville, FL 32250

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

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

Abdelhamid Chakir

Name

14185 Beach Blvd.

(P.O. Box or Mail Drop Box NOT Acceptable)

Jacksonville, FL 32250

(City / State / Zip)

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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 - Abdelhamid Chakir

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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:

"MGR" = Manager

"MGRM" = Managing Member

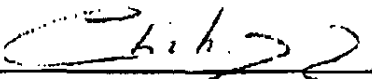
Name and Address:

MGR

Abdelhamid Chakir - 14185 Beach Blvd., Jacksonville, FL 32250

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Abdelhamid Chakir

Typed or printed name of signee

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