* LOSOCOO 13009

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Submices Entry 1.5e)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special Instructions to Filing Officer: L. SELLERS		
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EXAMINER		

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SECRETARY OF STATE

COVER LETTER *

TO:	Registration Section Division of Corporations				
SUBJI	cor. Lee's Famous Recipe, L	.LC			
50201	301.	ted Liability Company)			
The en	closed Articles of Organization and fee(s) are	submitted for filing.			
	return all correspondence concerning this mat	•			
		to the following.			
	R. Denise Hill, Paralegal	(Name of Person)			
		•			
	Morris Manning & Martin, L				
	(Firm/Company)				
	3343 Peachtree Road, N.E.				
		(Address)			
	Atlanta, Georgia 30326-1044				
	(City/State and Zip Code)				
For fur	ther information concerning this matter, pleas	e call:			
Den	ise Hill	at (404) 504-5470			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclos	ed is a check for the following amount:				
✓ \$125.	00 Filing Fee \$\sum \$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\su	\$155.00 Filing Fee & Sidentificate of Status & 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			

* Also included is Consent to Use of Name

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RTI	CI	F.	I_	Ng	ıme:
$\boldsymbol{\Gamma}$			4			

The name of the Limited Liability Company is:

Lee's Famous Recipe, LLC

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

·			
171 Brooks Street	171 Brooks Street		
Suite F	Suite F		
Ft. Walton Beach, FL 32548	Ft. Walton Beach, FL 32548		

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:

Charles Cooper
Name
171 Brooks Street, Suite F
Florida street address (P.O. Box NOT acceptable
Ft. Walton Beach, FL 32548
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)

(CONTINUED)
Page 1 of 2

2000 JUN 26 PH 3: 42

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jeffrey Miller
	171 Brooks Street, Suite F
	Ft. Walton Beach, FL 32548
MGR	Charles Cooper
	171 Brooks Street, Suite F
	Ft. Walton Beach, FL 32548
	
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: <u>June 23, 2008</u>. (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.)

Charles Cooper

Typed or printed name of signee

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)

SECKETARY OF STATE

CONSENT TO USE OF ENTITY NAME

June 25, 2008

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Sir or Madam:

I, Charles Cooper, being the President of Lee's Famous Recipes, Inc. do hereby give consent to your office to the reservation and use of the following limited liability company name:

LEE'S FAMOUS RECIPE, LLC

This consent is to advise your office that Lee's Famous Recipes, Inc. has no objection to the formation in Florida of a new limited liability company under the above name.

Sincerely yours,
(Signature)

Charles Cooper

President

DOB JUN 26 PH 3: 4:

TIME