Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000078680 3)))



H090000786803ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From: Please return via facsimile to Michael Neukamm (407-244-5690)

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690 2009 APR -3 AM 8: 30
SECRETARY OF STATE

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED

APR-3 PM 12: 19

EGREPHI OF STATE

LAFASSEE, FLORIDA

GLADIATOR COOKIE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

T. CLINE

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

2/3

H09000078680 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of this Limited Liability Company is:

GLADIATOR COOKIE, LLC

ARTICLE II Address

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

688 Oak Hollow Way Altamonte Springs, FL 32714

ARTICLE III Management

This Limited Liability Company is to be managed by one or more managed therefore, a "manager-managed" limited liability company.

ARTICLE IV Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Regulations of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company is as follows:

<u>Name</u>

Street Address

Chic Chicarello

688 Oak Hollow Way Altamonte Springs, FL 32714

H09000078680 3

H09000078680 3

ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Michael E. Neukamm GrayRobinson, P.A. 301 E. Pine Street, Suite 1400 Orlando, FL 32801

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.

REGISTERED AGENT'S SIGNATURE

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

MICHAEL E. NEUKAMM, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

2009 APR -3 AM 8: 30 SECRETARY OF STATE TAIL AHASSEE, FLORIDA

FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)