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(Re	equestor's Name)	***************************************			
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SECRETARY OF SHALL

J. BRYAN
SEP 24 2009
EXAMINER

COVER LETTER

то:	Registration Division of C			
SUBJE	ECT:	CTOWN C	hicken and (ted Liability Company	Srill Programme
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	56. C. C.
Please	return all corres	pondence concerning this ma	tter to the following:	(100 pt
		Freedi	Name of Person	Er.
	Cr	oun Chicker	ond Grill Firm/Company	
		8892	Park Aye,	Ste 3
-		[a)\o	hassae Fl ty/State and Zip Code	32301
-		E-mail address: (to be used	or future annual report notification)	.0m
For furt	ther information	concerning this matter, pleas	e call:	
	Name	of Person	at (<u>850</u>) <u>363 - 5</u> Area Code & Daytime Telep	chone Number
Enclose	ed is a check fo	or the following amount:		
□\$125. 0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C Tallahassee, FL 32301	ircle



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO

ARTICLE I - Name: The name of the Limit

The name of the Limited Liability Company is:

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

609 West Tennessee St. P.O. Box 10713

Tallahassee, Fl-32302-2713

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:

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

Mortice No FL 32344

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

	Manager(s) or Managi dress of each Manager	ng Member(s): or Managing Member is	as follows a
<u>Title:</u> "MGR" = Manag "MGRM" = Mana	er	Name and Address:	FLORIOTA
MGRM		Freddie Go8 West T Tallahassee, k	1. Pleas emessee SI I. 32304
			
	_		
(Use attachment in	• •		
	ed, the date must be sp		re than five business days prior
REQUIRED SIG	NATURE:		
	(In accordance with section	an authorized representation 608.408(3), Florida Statutes, as an affirmation under the peare true.)	, the execution
Filing Fees:	Typed	or printed name of signee	
of Regist \$ 30.00 Certified	e for Articles of Organiza tered Agent Copy (Optional) te of Status (Optional)	tion and Designation	