

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name ; EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. GEORGIA BOY'S SNACK & SUBS LLC

EMPIRE CORP KIT

Certificate of Status	0		
Certified Copy	1		
Page Count	03		
Estimated Charge	\$155.00		

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu MAR - 5 2010

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

3/4/2010

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
GEORGIA BOY'S SNACK & SUB LLC	1			
(Must end with the words "Limited Liability Company, "L.L.C.,"	or "LLC.")			
ARTICLE II - Address:				

Principal Office Address:

business entity with an active Florida registration.)

6905 NW 15 AVE MIAMI, FL 33147

19821 NW 2ND AVE #203	
MIAMI GARDENS, FL 33169	

Mailing Address:

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

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

MALIK ASAD

Name

19821 NW 2 AVENUE, #203

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

MIAMI GARDENS

FL 33169

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 agengas provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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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:		Name and Address:		
	"MGR" = Manage				
"MGRM" - Managing Mem		iging Member			
		_			
		_ `			
			,		
		<u></u>			
					
(If an e	(Use attachment if LE V: Effective da ffective date is listed days after the dat	ate, if other than the date	e of filing: (OPTIONAL) ecific and cannot be more than five business days prior		
	REQUIRED SIG	Mass			
	1	Signature of a member or	an authorized representative of a member.		
	C	(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.)			
		MALIK ASAD			
	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)

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