

L10000636994

Florida Department of State  
Division of Corporations  
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.

(((H10000077303 3)))



H100000773033ABCV

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: W. Terry Costolo, Esq.  
Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

\*\*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.  
Colerain Burgers 7, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED  
10 APR -6 PM 12: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
10 APR -6 AM 7: 00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Menu Help

T. HAMPTON

APR -7 2010

EXAMINER

H10000077303 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**COLERAIN BURGERS 7, LLC**

**ARTICLE II - Address:**

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

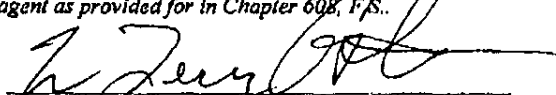
247 N. Westmonte Drive  
Altamonte Springs, FL 32714

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

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

W. Terry Costolo, Esquire  
GrayRobinson, P.A.  
301 East Pine Street, Suite 1400  
Orlando, Florida 32801


*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

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
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.)

**Robert M. Picerno**  
Typed or Printed name of Signee

**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)

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**10 APR - 6 AM 7: 00**