

JUN-15-2010 16:36

P.01/03

Page

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.

((H10000140695 3)))



H100001406953ABC

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:

Account Name : SHAPIRO & ADAMS, P.A.
Account Number : 119990000101
Phone : (561) 691-0059
Fax Number : (561) 691-0066

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

Email Address: darenh9@aol.com

RECEIVED

10 JUN 15 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
707 Restaurant Partners, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

S. HAWKES

JUN 16 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H10000140695 3

FILED
10 JUN 15 AM 8:48
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

707 Restaurant Partners, LLC

(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:

3421 Collonade Drive
Wellington, Florida 33449

Mailing Address:

3421 Collonade Drive
Wellington, Florida 33449

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:

Daren Houghtaling

Name

3421 Collonade Drive

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

Wellington, FL 33449

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.

Daren Houghtaling

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H10000140695 3

H10000140695

FILED
JUN 15 AM 8:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRM


Daren Houghtaling
3421 Colonnade Drive
Wilmington, Florida 33448

MGRM

Joshua Santangelo
707 Lake Avenue
Lake Worth, Florida 33460

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Daren Houghtaling

Typed or printed name of signer

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)