

L110000067724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

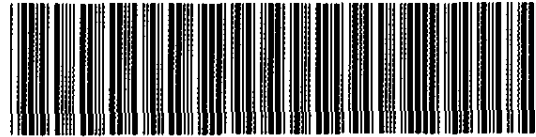
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUN 10 2011

EXAMINER



500207818085

RECEIVED

11 JUN -9 PM 1:44

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN -9 AM 8:51



CORPORATION SERVICE COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN -9 AM 8:51

ACCOUNT NO. : I20000000195

REFERENCE : 806638 7576589

AUTHORIZATION :

Lyndee

COST LIMIT : \$ 125.00

ORDER DATE : June 9, 2011

ORDER TIME : 10:31 AM

ORDER NO. : 806638-005

CUSTOMER NO: 7576589

DOMESTIC FILING

NAME: K NIBBLES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
Of
K NIBBLES, LLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN -9 AM 8:51

**ARTICLE I
NAME**

The name of the Limited Liability Company is **K NIBBLES, LLC.**

**ARTICLE II
ADDRESS**

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

7080 NW 4th Avenue
Boca Raton, FL 33487

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

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

M. Adam Bankier, Esquire
M. Adam Bankier, P.A.
101 SE 6th Avenue, Suite C
Delray Beach, FL 33483

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.

By: _____

Registered Agent's Signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN -9 AM 8:51

**ARTICLE IV
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE V
MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is therefore, a Manager-Managed company. The following are the names and addresses of the Managing Managers:


MGR - Michele Goren
7080 NW 4th Avenue
Boca Raton, FL 33487

**ARTICLE VI
ADMISSION OF ADDITIONAL MEMBERS**

The member(s) of this Limited Liability Company shall have the right to admit additional members.

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.

DATED: 6/9/11



Signature of Authorized Representative
M. Adam Bankier, Member