

L110000081024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

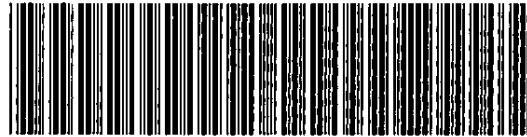
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700209834027

700209834027
07/13/11--01020--011 **155.00

FILED

11 JUL 13 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Sullivan JUL 14 2011



ATTORNEYS AT LAW

THE METROPOLITAN
320 NORTH FIRST STREET
SUITE 613
JACKSONVILLE BEACH, FL 32250
TEL: 904.247.1755
FAX: 904.247.1669

TO: Registration Section
Division of Corporations

SUBJECT: Pom's Signature Restaurant, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan C. Goode III
DiRito & Goode, P.L.
320 1st Street North, Suite 613
Jacksonville Beach, Florida 32250
E-mail address (to be used for future annual report notification): pom400@msn.com

For further information concerning this matter, please call:

Bryan C. Goode III at (904) 247.1755

Enclosed is a check for the following amount: \$155.00 Filing Fee and 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
POM'S SIGNATURE RESTAURANT, LLC

ARTICLE I - NAME

FILED
11 JUL 13 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name of the limited liability company is POM's SIGNATURE RESTAURANT, LLC,
("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

7956 Monterey Bay Drive
Jacksonville, Florida 32256

Mailing Address:

7956 Monterey Bay Drive
Jacksonville, Florida 32256


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

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

DiRito & Goode, P.L.
320 1st Street North, Suite 613
Jacksonville Beach, Florida 32250

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..

DiRito & Goode, P.L.


Bryan C. Goode III, Partner

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

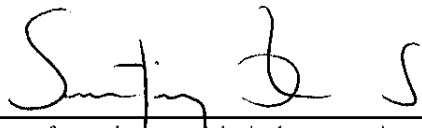
Pom Souvannasoth
7956 Monterey Bay Drive
Jacksonville, Florida 32256

ARTICLE V - OTHER MATTERS

All members shall have preemptive rights with respect to any units by the company subsequent to the date on which such member purchased his or her units. The preemptive right of each individual member shall entitle such member to purchase a percentage of the units to be issued by the company such that his or her proportionate ownership interest in the company will remain the same.

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

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.)

Pom Souvannasoth

Typed or printed name of signee

FILED
11 JUL 13 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA