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SECRETARY OF STATE

COVER LETTER

то:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Bryun Barr Name of Person
	Ground Zero Restancants LLC
	104 Hampton Circle
	Jupiter F 1 33.458 City/State and Zip Code brynn phaer @ anail. com E-mail address: (who used for future annual report notification)
	•
	ther information concerning this matter, please call: Tynn Bayr Name of Person at (6/5) 579-3374 Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$125.00	Filing Fee \$\int_{\text{\$130.00 Filing Fee & Certificate of Status}}\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Gronnd Zero Restanke (Must end with the words "Limited Liability Comp	any, "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: Mail	ing Address:
Jupiter Fr 32458	164 Hampton Circle Supiter F1 33456
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Age business entity with an active Florida registration.)	nt. You must designate an individual or another
The name and the Florida street address of the registers	
Bryan Bur	
104 Humpton Circle Florida street address (P.C.)	
FL City, State, and 2	<u>33458</u> _{Zip}
Having been named as registered agent and to accept so liability company at the place designated in this cert registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered a	ificate, I hereby accept the appointment as ther agree to comply with the provisions of al nce of my duties, and I am familiar with and

(CONTINUED)

nt's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR (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 of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Bryan Balr
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)