

L12000118742

Division Corporations

Page 1 of 2

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.

((H12000228385 3)))



H120002283853ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2012 SEP 17 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HENDERSON, FRANKLIN, STARNES & HOLDEN, P.A.
Account Number : 075410002172
Phone : (239)344-1100
Fax Number : (239)344-1200

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.
KINGMAN BURGERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

12 SEP 17 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

SEP 18 2012

FAX AUDIT NO.: H12000228385 3

**ARTICLES OF ORGANIZATION
OF
KINGMAN BURGERS, LLC**

ARTICLE I-NAME

The name of the limited liability company shall be KINGMAN BURGERS, LLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

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

13125 N. Lamontana Drive, # 2n
Fountain Hills, AZ 85268

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

<u>Name</u>	<u>Address</u>
STEVE RISI	9200 S. Dadeland Boulevard, # 705 Miami, FL 33156

2012 SEP 17 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

FAX AUDIT NO.: H12000228385 3

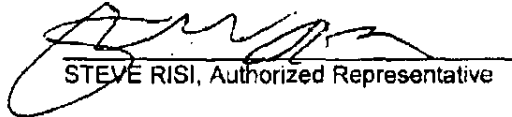
FAX AUDIT NO.: H12000228385 3

<u>Name</u>	<u>Address</u>
ILLINI INVESTMENTS, LLC	13125 N. Lamontana Drive, # 2n Fountain Hills, AZ 85268

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 13th day of September, 2012.


 STEVE RISI, Authorized Representative

2012 SEP 17 AM 8:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

FAX AUDIT NO.: H12000228385 3

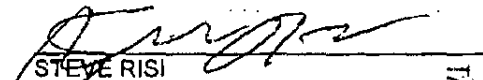
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: KINGMAN BURGERS, LLC
2. The name and address of the registered agent and office are:

STEVE RISI
 9200 S. Dadeland Boulevard, # 705
 Miami, FL 33156

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.


 STEVE RISI
 Registered Agent

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2012 SEP 17 AM 9:42

FILED

FAX AUDIT NO.: H12000228385 3