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.

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*		
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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone

: (215)563-8113

Fax Number

: (215)977-9386

\*\*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. R.A.N.K. Quality Restaurants II, LLC

Certificate of Status	0
Certified Copy	0.
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CI DOTGO A DATA DI AL COMPANI
ARTICLE I - Name:	
The name of the Limited Liability Company	ris:
R.A.N.K. Quality Restaurants II, LLC	
	liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2725 SW 91st Street, No. 110, PMB 214	2725 SW 91st Street, No. 110, PMB 214
Gainesville, FL 32608	Gainesville, FL 32608
ARTICLE III - Registered Agent, Registe The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:

K.R.A.N. Management Company, Inc.

2725 SW 91st Street, No. 110

Gainesville

Name

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.

City, State, and Zip

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

32608

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Ø 003

SECRETARY OF STATE DIVISION OF CORPORATION"

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

2013 JAN 11 AM 7:41

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	K.R.A.N. Management Company, Inc. 2725 SW 91st Street, No. 110, PMB 214 Gainesville, FL 32608
·	
(Use attachment if necessary)	
(OSO atmonittent it necessary)	
ICLE V: Effective date, if other tha	
ICLE V: Effective date, if other than effective date is listed, the date	must be specific and cannot be more than five business d
ICLE V: Effective date, if other than effective date is listed, the date is to or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five business d
ICLE V: Effective date, if other than effective date is listed, the date is to or 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a minimum of the constitutes an affirmation of a management of the constitutes an affirmation of a management of the constitutes and the constitutes are afternoon and the constitutes and the constitutes are afternoon	must be specific and cannot be more than five business d
ICLE V: Effective date, if other than effective date is listed, the date is to or 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a minimum of the constitutes an affirmation of a management of the constitutes an affirmation of a management of the constitutes and the constitutes are afternoon and the constitutes and the constitutes are afternoon	emper or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Andree Kocian
ICLE V: Effective date, if other than effective date is listed, the date is to or 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a minimum of the constitutes an affirmation of a management of the constitutes an affirmation of a management of the constitutes and the constitutes are afternoon and the constitutes and the constitutes are afternoon	must be specific and cannot be more than five business dig.)  **Continuous Continuous Co

\$125.00 Filing Fee for Articles of Organization and Designatio of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2