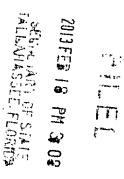
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| (Reque | estor's Name) |
|------------------------------|------------------------|
| (Addre | ess) |
| (Addre | ess) |
| (City/S | itate/Zip/Phone #) |
| PICK-UP | WAIT : MAIL |
| (Busin | ess Entity Name) |
| (Docui | ment Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Fili | ng Officer: |
| | |
| | FEB 2 0 2018) |
| | A. LUNT |
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Office Use Only

(850) 245-6051.

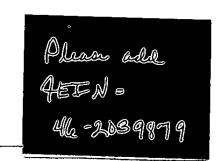
COVER LETTER

TO:

Registration Section Division of Corporations

Acme Burgers, LLC

Name of Limited Liability Company



The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| | Name of Person | |
|---------------------------------------|--|---------|
| Emerald Coas | t Permitting, Inc. | |
| | Firm/Company | |
| 534 Driftwood | Point Road | |
| | Address | (A) (B) |
| Santa Rosa Be | each, FL 32459 | 7 |
| · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | . 97 |
| emeraldcoastpermi | tting@cox.net | |
| E-mail addre | ss: (to be used for future annual report notification) | |

| Candi L. G | ray | at (850) 837- | 1444 |
|-------------------------|--|---|--|
| Name | of Person | Area Code & Daytime T | elephone Number |
| Enclosed is a check for | or the following amount: | | |
| ■\$125.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & 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 FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|---|
| The name of the Limited Liability Company is: | : |
| | |
| Acme Burgers, LLC | |
| (Must end with the words "Limited Liabi | ility Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1316 Beck Avenue | 1316 Beck Avenue |
| Panama City, FL 32401 | Panama City, FL 32401 |
| | |
| (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the Emerald Coast Permitting, Inc. Name 534 Driftwood Point Road | registered agent are: |
| | idress (P.O. Box NOT acceptable) |
| | |
| City, S | nta _F Rosa Beach, FL 32459 |
| liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and comple | accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of the performance of my duties, and I am familiar with egistered agent as provided for in Chapter 608, F.S |

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

| Title: | Name and Address: |
|--|--|
| "MGR" = Manager | |
| "MGRM" = Managing Membe | er |
| MGRM | Steven Otto Perryman |
| | 1316 Beck Avenue |
| | Panama City, FL 32401 |
| MGRM | David Roy Serrato |
| | 1316 Beck Avenue |
| | Panama City, FL 32401 |
| | railania City, rL 32401 |
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| | |
| LE V: Effective date, if other | than the date of filing: (OPTION |
| ffective date is listed, the da or 90 days after the date of f | than the date of filing: (OPTION te must be specific and cannot be more than five busin |
| LE V: Effective date, if other fective date is listed, the date or 90 days after the date of fective date. REQUIRED SIGNATURE: | than the date of filing: (OPTION te must be specific and cannot be more than five busingling.) |
| LE V: Effective date, if other fective date is listed, the date or 90 days after the date of fective date. | than the date of filing: (OPTION te must be specific and cannot be more than five busin |
| LE V: Effective date, if other fective date is listed, the date of 90 days after the date of fective date after the date of fective days after the date of fective date. | than the date of filing: (OPTION te must be specific and cannot be more than five busingling.) |
| LE V: Effective date, if other fective date is listed, the date of 90 days after the date of fective date after the date of fective days after the date of fective date. | than the date of filing: (OPTION te must be specific and cannot be more than five busingling.) a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document to under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)