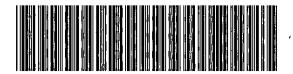
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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J. Shivers SEP 0.9 2013

COVER LETTER

TO:

Registration Section **Division of Corporations**

KMJ Diner & Memphis BBQ2 "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:

Kesha Unetah Florence

Name of Person

KMJ Diner & Memphis BBQ2

Firm/Company

119 Racetrack Road NE

Fort Walton Beach FL 32547

City/State and Zip Code

Florencemary1953@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kesha Florence

Name of Person

Enclosed is a check for 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 Estating& 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	s:	
KMJ Diner & Memphis BBQ2 "LLC" (Must end with the words "Limited Lial	hility Company "L.L.C." or "LLC.")	
ARTICLE II - Address:	only company, L.L.C., or LLC.)	
The mailing address and street address of the p	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
119 Racetrack Road NE, Fort Walton Beach FL 32547	119 Racetrack Road NE, Fort Waiton Beach FL 32547	
		
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Kesha Unetah Florence	istered Agent. You must designate an individual or another	
Nam	Name AHC SEP	
119 Racetrack Road NE		
Florida street a	ddress (P.O. Box NOT acceptable)	
	FL 32547 State, and Zip	
liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and comple	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of ete performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S	

(CONTINUED)

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:

"MGR" = Manager	
"MGRM" = Managing Membe	er ·
MGR	Kesha Unetah Florence
	19 Forsman CR NW
	Fort Walton Beach FL 32548
MGRM ;	Mary Florence
	406 Rue Des Tours
	Mary Esther FL 32569
MGRM	Joe L Florence
	406 Rue Des Tours
•	Mary Esther FL 32569
(Use attachment if necessary)	
ffective date is listed, the dat	han the date of filing: (OPTION to must be specific and cannot be more than five busing.)
ffective date is listed, the dat or 90 days after the date of fil	e must be specific and cannot be more than five busin
ffective date is listed, the date or 90 days after the date of file REQUIRED SIGNATURE:	te must be specific and cannot be more than five busing.) All Alorane
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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)