## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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; (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Phone : (850)222-1092 Fax Number : (850)878-5368 14 MAY -9 PM 3: 07

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	Address:			
rmalı.	ACCUTANT:			

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## FLORIDA LIMITED LIABILITY CO. Fast Food Management & Consulting Group, LLC

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Corporate Filing Menu

Help

5/9/2014

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	FAST FOOD MANAGEMENT & C	CONSULTING GROUP, LLC	
0020	~~~	imited Liability Company	
The en	clused Articles of Organization and fee(s)	are submitted for filling.	
Please	return all correspondence concerning this	matter to the following:	
	Peter Trawinski	2001	
		Name of Person	
	CT Corporation		
		Firm/Company	
	8040 Excelsior DR., Suite 200		
		Address	
	Madison, WI 53717		
		City/State and Zip Code	
<u>.ks</u>	amuelson@samuelson-law.com E-mail address: (to be u	sed for future annual report notifica	uion)
For fur	ther information concerning this matter, p	lease call:	
	at	( )	
_	Name of Person	Area Code Daytime Tel	ephone Number
Enclose	ed is a check for the following amount:		
□ \$125.0	0 Filing Pec	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Majiing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courter Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	clans ter Circle

FL052 - 02/04/2014 Welton Khows Online

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ARTICLES OF ORGANIZATION I	FOR FLORIDA I	IMITED LIABILITY C	OMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:				<b>三</b>
FAST FOOD MANAGEMENT & CONSULTING O	roup, LLC			\$555 P
(Must end with the words "Lin	nited Liability (	Company, "L.L.C.," o	r "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the	Limited Liability Co	mpany is:	3: 07 STATE
Principal Office Address:	Mailio	<u>e_Address:</u>		<b>7</b>
116 VIA CAPRI PALM BEACH GARDENS, FL 33418		TECH ROAD R SPRING, MD 2090	24	<del></del>
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida registered and the Florida street address of the registered Of the regist	own Registered tration.)	d Agent. You must de		dividual or
CT Con	poration System			
ı	Name .			
1200 South	Pine Island Ro	ad		
Florida street address (P.O	. Box NOT acc	eptable)		
Plantation	FL	33324		
City		Zip		
Having been named as registered agent and to occo the place designated in this certificate, I hereby o capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept to	accept the appoint	intment as registered a tes relating to the prop I my position as registe	ig <i>ent and agr</i> ser and comp	ree to act in this slete performance
C T Corporation System By:	<u></u>	Jordan Brown,Ass	istant Secr	etary
Registered Agent's	Signature (REQ	UIRED)		
(CON	rinued)			

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May 08 14 04:29p Jerome Friedlander

p.2

(661) 734-2006

· · · · · · · · · · · · · ·	son authorized to manage and control the Limited Liebility Company:
Dika	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	
AMBR	PRIEDCANDER JEROME
	12150 TECH ROAD SILVER SPRING, MD 20904
AMBR	30-TEARENING MAY 40A-4
AIVIDI	STROMPP JAN
	12150 TECH ROAD SILVER SPRING, MD 20904
•	
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Use attachment if necessary)	
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