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SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
BURGER MONGER OF SOUTH TAMPA, LAC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
10412 N. DALE MARKY HWY 10412 N. PALE MARRY HOY TAMPA, FR 35618
TAMPA, F2 33618 TAMPA, FLORAL 33618
•
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
WHA L. HICKEN, IR
John J. Hickon, JR
10+12 N. DALE MYSE HWY
Florida street address (P.O. Box NOT acceptable)
and the second s
City Zip
•
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 605, F.S.
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	SAN BURGER HOLINGS MC, A-H DANIED HABILITY COMPANY I TOMPOLY NO DANE MARRY HOLI TAMPA, "FL 35618
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(Use attachment if necessary) E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation under I am aware that any false in	mber or/an authorized representative of a member. 505.0209 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. E VI: Other provisions, if any. Signature of a me (In accordance with section of constitutes an affirmation up I am aware that any false in constitutes a third degree fe	mber or an authorized representative of a member. 505.0209 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State