

L15000105701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

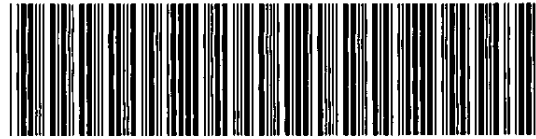
(Document Number)

Certified Copies ☒

Certificates of Status ☐

Special Instructions to Filing Officer:

Office Use Only



400273354504

06/22/15--01002--008 \*\*155.00

RECEIVED  
15 JUN 19 PM 3:50  
DIVISION OF CORPORATE AFFAIRS

JUN 22 2015

S. GILBERT

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      RICKY SOTO

**DATE:**            06/19/2015

**REF. #:**           9595860

**CORP. NAME:**   J.F.C. MANAGEMENT HOLDINGS LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 31180069 FOR \$ 155.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$**\_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
J.F.C. MANAGEMENT HOLDINGS LLC

FILED  
15 JUN 19 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **J.F.C. MANAGEMENT HOLDINGS LLC**

**ARTICLE II: - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**4765 Volunteer Road  
Suite 5400  
Davie, Florida 33330**

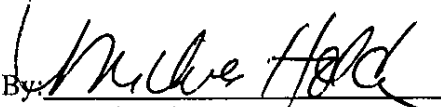
**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, Florida 33324**

*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.*

NRAI Services, Inc., Registered Agent

By:   
Name: Michele Holden  
Title: Assistant Secretary

**ARTICLE IV: - Management**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The name and address of the manager authorized to manage and control the limited liability company is as follows:

Title:  
MGR

Name and Address:  
Phillips Concessions LLC  
4765 Volunteer Road  
Suite 5400  
Davie, Florida 33330

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on June 19, 2015.

  
\_\_\_\_\_  
Martin G. Burkett, Authorized Signer

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

Martin G. Burkett  
\_\_\_\_\_  
Typed or printed name of signee