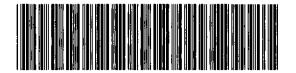
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FILING CANCELLED RETURNED CHECK

SECRETARY OF SIATION OF CORPORATION OF CORPORATION

2 10/02/15

### **COVER LETTER**

	egistration Section ivision of Corporations				
SUBJECT	CMD Brothers Restaurant Group,	LLC			
SCHARCT	Name of Limited Liability Company				
The enclose	ed Articles of Organization and fee(s	) are submitted	I for filing.		
Please retu	rn all correspondence concerning this	matter to the	following:		
	Michael Donato				
		Name of	f Person		
	CMD Brothers Restaurant Group, L	.LC			
	Firm/Company				
	7030 Beckwith Avenue				
	Address North Port, Florida 34291				
	mdonato84@aim.com	City/State ar	nd Zip Code	A Company of the Comp	
_	E-mail address: (to be us	sed for future	annual report notification	on)	
For further in	nformation concerning this matter, pla	case call:	,		
	Michael Donato	914	885-4189		
•	Name of Person	Area Code	Daytime Telephone	Number	
Enclosed is	a check for the following amount:				
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & lied Copy (all copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
	Mailing Address  New Filing Section		Street Address New Filing Section		
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporatio Clifton Building 2661 Executive Center		

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	рT	$\mathbf{T}$	I.F	1 -	No	me

The name of the Limited Liability Company is:

## FILING CANCELLED RETURNED CHECK

CMD Brothers Restaurant Group, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street ad-	dress of the principal	office of the Limited	Liability Company is:		
Principal Office Address:			Mailing Address:		
3218 Clark Road			7030 Beckwith Avenue		
Sarasota, Florida 3423	Sarasota, Florida 34231			North Port, Florida 34291	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	cannot serve as its own etive Florida registrati	n Registered Agent. \on.)		individual or	
Name					
	7030 Beckwith Avenue				
	Florida street address (P.O. Box NOT acceptable)				
	Northport	Florida	34291		
	City	State	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

15 SEP 28 PM 12: 39

SECRETARY OF STAIL DIVISION OF CORPORATION

### FILING CANCELLED RETURNED CHECK

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	<b>Title:</b> "AMBR" = Authorized N		Name and Address:	
•	"MGR" = Manager MGR		Michael Donato 7030 Beckwith Avenue North Port, Florida 34291	
	***************************************			
	(Use attachment if necess	ary)		
lf an e he date <u>Vote:</u>	ffective date is listed, the d e of filing.)	ate must be specific and clock does not meet the ap	cannot be more than five busines oplicable statutory filing requirements	ss days prior to or 90 days after
	LE VI: Other provisions, if	any.		
	REQUIRED SIGNATU	RE:	n ets	
	Sig	nature of a member or a	n authorized representative of a	a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

Michael D. Donato
Typed or printed name of signee

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)