| (Re | equestor's Name) | ···· |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



300278533963

15 OCT 28 AM 8: 10

2015 OCT 28 PM 4: 27

DE COURT

OCT 29 2015 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 851925 8061210 AUTHORIZATION : COST LIMIT : ORDER DATE: October 28, 2015 ORDER TIME : 3:45 PM ORDER NO. : 851925-005 CUSTOMER NO: 8061210 DOMESTIC FILING NAME: CHEF ART SMITH OLD FLORIDA BAKERY AND KITCHEN, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

COVER LETTER

| Di | vision of Corporations |
|----------------|--|
| SUBJECT | Chef Art Smith Old Florida Bakery and Kitchen, LLC |
| | Name of Limited Liability Company |
| The enclose | ed Articles of Organization and fee(s) are submitted for filing. |
| Please retur | n all correspondence concerning this matter to the following: |
| | Name of Person |
| | c/o Eisenberg Tanchum & Levy LLP |
| | Firm/Company |
| | 707 Westchester Ave., White Plains, NY 10603 |
| | Address |
| | White Plains, NY 10603 |
| r | City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For further in | formation concerning this matter, please call: |
| | at () |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed is | a check for the following amount: |
|]\$125.00 Fil | - |

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Chef Art Smith | Old Florida Bakery and Kitche | n, LLC | | |
|---|---|------------------------------|---|--|
| (Mus | t end with the words "Limited L | iability Company | , "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | | | |
| | reet address of the principal offic | ce of the Limited | Liability Company is: | |
| ine maning dadross and se | ioci address of the principal office | oe of the Billinea | Elaomiy Company is. | |
| <u>Pr</u> | incipal Office Address: | | Mailing Address: | |
| 6986 Hwy 129 Jasper, FL 32052 | | 6986 | 6986 Hwy 129 Jasper, FL 32052 | |
| (The Limited Liability Con | | egistered Agent. \ | it's Signature: You must designate an individual o | |
| (The Limited Liability Con another business entity wit | npany cannot serve as its own Ro h an active Florida registration.) | egistered Agent. \ | | |
| (The Limited Liability Con another business entity wit | npany cannot serve as its own Ro th an active Florida registration.) street address of the registered ag | egistered Agent. \ | | |
| (The Limited Liability Con another business entity wit | npany cannot serve as its own Ro th an active Florida registration.) street address of the registered ag Michael L. Tanchum | egistered Agent. \ | | |
| (The Limited Liability Con another business entity wit | npany cannot serve as its own Ro th an active Florida registration.) street address of the registered ag Michael L. Tanchum | egistered Agent. \ | | |
| (The Limited Liability Con another business entity wit | npany cannot serve as its own Ro th an active Florida registration.) street address of the registered ag Michael L. Tanchum | egistered Agent. \ gent are: | | |
| (The Limited Liability Con another business entity wit | npany cannot serve as its own Roth an active Florida registration.) street address of the registered ag Michael L. Tanchum | egistered Agent. \ | You must designate an individual o | |
| (The Limited Liability Con another business entity wit | npany cannot serve as its own Roth an active Florida registration.) street address of the registered as Michael L. Tanchum N 16470 Riverwind Drive | egistered Agent. \ | You must designate an individual o | |

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..

By: /s/Michael L. Tanchum

Registered Agent's Signature (REQUIRED)

Michael L. Tanchum

(CONTINUED)

Page 1 of 2

| <u>Title:</u> | | Name and Address: | | |
|--|--|--|-------------|---|
| | Authorized Member | | | |
| "MGR" = M MGR | _ | Charles Arthur Smith | | |
| MOK | | 6986 Hwy 129, Jasper FL 32052 | | |
| | | | | |
| AMBR | | Michael L. Tanchum | | |
| AMBK | | 16470 Riverwind Dr., Jupiter, FL 33477 | | |
| | | | | |
| AMBR | | Jesus Salguiero | | |
| ANDK | | 6986 Hwy 129, Jasper FL 32052 | | |
| | | VANCES TO SEASON OF THE PROPERTY OF THE PROPER | | |
| | | | | |
| | | | | |
| | | | | |
| ICLE V: Effective | ve date, if other than the date of | of filing: (OPTIONAL) | o w 00 do | |
| TICLE V: Effective date is that e of filing.) E: If the date insert in the document's effect | ve date, if other than the date of listed, the date must be sperted in this block does not movine date on the Department of | cific and cannot be more than five business days prior to eet the applicable statutory filing requirements, this date w | or 90 da | - |
| ICLE V: Effective date is ate of filing.) i: If the date inselectment's effect ICLE VI: Other p | ve date, if other than the date of listed, the date must be sperred in this block does not mive date on the Department of provisions, if any. 2 SIGNATURE: | eet the applicable statutory filing requirements, this date w | or 90 da | |
| TICLE V: Effective date is late of filing.) e: If the date inseducement's effect of the date inseducement's effect of the property of the pro | ve date, if other than the date of listed, the date must be spented in this block does not moving date on the Department of provisions, if any. 2 SIGNATURE: | eet the applicable statutory filing requirements, this date we of State's records. | or 90 da | |
| TICLE V: Effective date is ate of filing.) E: If the date inselocument's effect | ve date, if other than the date of listed, the date must be spectred in this block does not move date on the Department of provisions, if any. 2 SIGNATURE: /s/ Michael Signature of a mer This document is executed any aware that any false | eet the applicable statutory filing requirements, this date w | or 90 da | |
| TICLE V: Effective date is late of filing.) e: If the date inseducement's effect of the date inseducement's effect of the property of the pro | ve date, if other than the date of listed, the date must be spectred in this block does not move date on the Department of provisions, if any. 2 SIGNATURE: /s/ Michael Signature of a mer This document is executed any aware that any false | eet the applicable statutory filing requirements, this date we of State's records. L. Tanchum Therefore or an authorized representative of a member. The did in accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department of felony as provided for in s.817.155, F.S. | or 90 da | |
| ICLE V: Effective date is ate of filing.) i: If the date inselectment's effect ICLE VI: Other p | ve date, if other than the date of listed, the date must be specified in this block does not move date on the Department of provisions, if any. 2 SIGNATURE: /s/ Michael Signature of a mer This document is executed I am aware that any false constitutes a third degree | eet the applicable statutory filing requirements, this date we of State's records. L. Tanchum mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statinformation submitted in a document to the Department of felony as provided for in s.817.155, F.S. | or 90 da | |
| ICLE V: Effective date is ate of filing.) i: If the date inselectment's effect ICLE VI: Other p | ve date, if other than the date of listed, the date must be specified in this block does not move date on the Department of provisions, if any. 2 SIGNATURE: /s/ Michael Signature of a mer This document is executed I am aware that any false constitutes a third degree | eet the applicable statutory filing requirements, this date we of State's records. L. Tanchum Therefore or an authorized representative of a member. The did in accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department of felony as provided for in s.817.155, F.S. | or 90 da | |

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 15 0CT 28 AM 8: 10