6 THU 13: Florida Department of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H16000086976 3))) H160000869763ABCA Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. · · . . . . . . . . To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A. Account Number : 12000000003 Phone : (407)841-4141 : (107)841-4148 Fax Number ന \*\*Enter the email address for this business ontity to be used for future annual report mailings. Enter only one email address pleases Email Address: m :6 HV FLORIDA LIMITED LIABILITY CO. ഗ POKE JOINT, LLC 문 Certificate of Status 0 Certified Copy 0 APR Page Count 03 Estimated Charge \$125.00 Electronic Filing Menu Corporate Filing Menu Help

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# ARTICLES OF ORGANIZATION OF POKE JOINT, LLC

SECRETARY OF STATE TALLAHASSEE FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, F.S. Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

#### ARTICLE I

<u>Name</u>. The name of the limited liability company shall be POKE JOINT, LLC ("Company").

### ARTICLE II

<u>Address</u>. The mailing address and street address of the principal office of the Company shall be 9 David Drive, Spring Valley, NY 10977.

# ARTICLE III

<u>Duration</u>. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

### ARTICLE IV

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 111 North Orange Avenue, Suite 900, Orlando, I<sup>+</sup>L 32801 and the name of the initial registered agent of the Company at that address is SCOTT E. JOHNSON.

#### ARTICLE V

<u>Management</u>. The Company shall be managed by a manager or managers in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager(s) of the Company is/are:

NAME

#### ADDRESS

Daniel Joseph

9 David Drive Spring Valley, New York 10977

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Johanna Joseph

9 David Drive Spring Valley, New York 10977

IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this  $\frac{1}{2}$  day of  $\frac{1}{1000}$ , 2016.

Daniel Joseph Manager

# New York STATE OF FLORIDA COUNTY OF ORANGE L Rock land

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Daniel Joseph, as Manager of POKE JOINT, LLC, to me personally known to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this day of Hom ..., 2016,

BRIAN K. ROBERTS Notary Public, State of New York Qualified In Rockland County Reg. No. 01 RO6277735 My Commission Expires March 11, 2017

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# CERTIFICATE OF DESIGNATION OF SECRETARY OF STATE REGISTERED AGENT/REGISTERED OFFICE FALLAHASSEF FLORIDA

# PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is POKE JOINT, LLC.

2. As designated in the Articles of Organization filed with this certificate, the name and the Florida street address of the registered agent is:

SCOTT E. JOHNSON 111 North Orange Avenue, Suite 900 Orlando, Florida 32801

3. The street address of the registered office and the street address of the business office of the registered agent are identical.

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.

SCOTT E. JOUNSON

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