## L1700048939

(Requestor's Name)
(Address)
,
(Address)
(Addless)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000296371470

03/07/17--01008--018 \*\*125.00



2011 BAS - 1 FA 2:

page of a second of the second

C. GOLDEN MAR - 7 2017

Something Name	lian military military and the constraints	•		
Address  (Sig Signal Strong St	The second section of the section of th			
	Office	Use Only		
CORNEATHUN NAME (B) & DOCUME	nosid),(2),iseminita	æ)t		
E. Galaghers Boca (Composition Name)	(Documents)			æ.
Corporation Naws]	(Documents)			
1 (Carporation Name)	(Dogunanta)			
	·			
(Cusporation Name)	(Досипелі€)		,	•
Awakin Opick up ims		À Centified Copy		
Second and Progress		e Centificate of Status Becommended		
A MAN OUT . A MAN ASSET 1.	Sporocopy [		!	
NEW FILINGS	AVERDMENTS			-
I doin	C American			ئۇ بىد ھ
Not for Peofer	Resignation of R.A.	Officer Director		, , ,,,,,,,
Limind Liebility  Domestication	Change of Registered Dissolution Withdran	ani Ani		
/G oue	Merger			\$ rec v.
OTHER FILINGS	EGSTRATIONOUA	•	03	
🚨 Annus Report	I Foreign			
Freditions Name	Limited Parinership Reinstatement			
	Tredemark			-
	Other Control	· **		
•		Traminarie Initiale		

CREEDS117/97)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	TCI	FI	[ - ]	Nam	æ:

The name of the Limited Liability Company is:

20171843 - 7 8.1 2: 09

GallaghersBoca, LLC

(Must contain 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:
2000 NW 19th Street	2000 NW 19th Street
Boca Raton, FL 33431	Boca Raton, FL 33431
ARTICLE III - Registered Agent, Registered Office, & F (The Limited Liability Company cannot serve as its own Registration business entity with an active Florida registration.)	
The name and the Florida street address of the registered ago	ent are:

NRAI Services, Inc.		
	Name	
1200 South Pine Isla	and Road	
Florida street addres	ss (P.O. Box NOT acc	eptable)
Plantation,	Florida	3 <u>3</u> 324
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..

NRAI Services, Inc.

By: Registered Agent's Signature (REQUIRED)

by: Fred Larison, Assistant Secretary

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager AMBR  Dean Poll c/o Gallaghers Steak House 228 W. 52nd Street, New York, NY 10  (Use attachment if necessary)  E V: Effective date, if other than the date of filing:	7 10019
AMBR  Dean Poll  c/o Gallaghers Steak House  228 W. 52nd Street, New York, NY 10  (Use attachment if necessary)	7 10019
(Use attachment if necessary)	7 10019
(Use attachment if necessary)	7 10019
(Use attachment if necessary)	/ 10019
the date inserted in this block does not meet the applicable statutory filing requirements, the nent's effective date on the Department of State's records.  EVI: Other provisions, if any.	s, this date will i
REQUIRED SIGNATURE:	
Tarbfur	
Signature of a member or an authorized representative of a mem This document is executed in accordance with section 605.0203 (1) (b), FI I am aware that any false information submitted in a document to the Depart constitutes a third degree felony as provided for in s.817.155, F.S.	), Florida Statute
Signature of a member or an authorized representative of a mem This document is executed in accordance with section 605.0203 (1) (b), FI I am aware that any false information submitted in a document to the Depart constitutes a third degree felony as provided for in s.817.155, F.S.  Fred Larison	), Florida Statute
Signature of a member or an authorized representative of a mem This document is executed in accordance with section 605.0203 (1) (b), FI I am aware that any false information submitted in a document to the Department of the Depa	), Florida Statute
Signature of a member or an authorized representative of a mem This document is executed in accordance with section 605.0203 (1) (b), FI I am aware that any false information submitted in a document to the Depart constitutes a third degree felony as provided for in s.817.155, F.S.  Fred Larison	), Florida Statute

ARTICLE IV-

as