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| PICK-UP | . WAIT | MAIL |
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| (Bu | isiness Entity Name) | |
| (Da | ocument Number) | |
| (DC | cument Number) | |
| Certified Copies | _ Certificates of | Status |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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EORETHAY OF STATE

Marie Marie

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLDE DIXIE FRIED CHICKEN OVIEDO, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

[]\$125.00 Filing fee & Designation of Registered Agent [X]\$130.00 Filing Fee, Designation of Registered Agent, & Certificate of Status []\$160.00 Filing Fee, Designation of Registered Agent, Certified Copy, & Certificate of Status

Please return all correspondence concerning this matter to the following:

ANTHONY LUPO 613 LAKE CLAIRE CT OVIEDO, FL 32765

For Further information concerning this matter, please call: ANTHONY LUPO at 407-928-4363.

Street Address:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



ATT JESSICA FASON

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2017

ANTHONY LUPO 613 LAKE CLAIRE CT OVIEDO, FL 32765

SUBJECT: OLDE DIXIE FRIED CHICKEN OVIEDO, LLC

Ref. Number: W17000024005

We have received your document for OLDE DIXIE FRIED CHICKEN OVIEDO, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 417A00005354

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COVER LETTER

| | new rining section Division of Corporations | |
|-------------------|---|---|
| SUBJEC | OLDE DIXIE FRIED CHICKE | N OVIEDO, LLC |
| SUBJEC | | of Limited Liability Company |
| The enclo | osed Articles of Organization and fee | (s) are submitted for filing. |
| Please ret | turn all correspondence concerning t | nis matter to the following: |
| | ANTHONY LUPO | |
| | | Name of Person |
| | OLDE DIXIE FRIED CHICKEN | OVIEDO, LLC |
| | | Firm/Company |
| | 613 LAKE CLAIRE CT | |
| | | Address |
| | OVIBDO, FL 32765 | |
| | | City/State and Zip Code |
| | E-mail address: (to be | used for future annual report notification) |
| For further | information concerning this matter, | please call: |
| | ANTHONY LUPO | 407 928-4363 |
| | Name of Person | Area Code Daytime Telephone Number |
| Enclosed | is a check for the following amount: | |
|]\$ 125.00 | Filing Fee \$130.00 Filing Fee Certificate of State | S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | Street Address New Piling Section |
| | New Filing Section | Division of Companions |

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

OLDE DIXIE FRIED CHICKEN OVIEDO, 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:

| 613 LAKE CLAIRE CT | 613 LAKE CLAIRE CT |
|--------------------|--------------------|
| OVIEDO, FL 32765 | OVIEDO, FL 32765 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| ANTHONI LOFG | |
|--|--|
| Name | |
| 613 LAKE CLAIRE CT | |
| Florida street address (P.O. Box NOT acceptable) | |
| | |

OVIEDO FLORIDA 32765
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 cartificate. I hereby accept the appainment 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)

SECRETARY OF STATE

8.5

| | ithorized Member | Name and Address: | | |
|--|--|---|--|--|
| "MGR" = Manager AMBR | ia ge i | ANTHONY LUPO 613 LAKE CLAIRE CT | | |
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| | | OVIEDO, FL 32765 | | |
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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)

Ybor Transportation LLC 5917 14th St W. # 421 Bradenton, FL

INITIAL LIST OF MEMBERS

| The following named j | person(s) shall | constitute the | initial me | embers of \ | Ybor Tran | sportation |
|-----------------------|-----------------|----------------|------------|-------------|-----------|------------|
| LLC: | • | | | | | • |

Englon Leo Roberts Jr 5917 14th St W. # 421 Bradenton, FL 34207

| Englon Leo Roberts Jr, Organizer | Date |
|----------------------------------|------|