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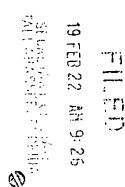
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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC'	CHANTICLEER, LLC			
Name of Limited Liability Company				
The enclo	sed Articles of Organization and fee(s)	are submitted	for filing.	
Please reti	arn all correspondence concerning this	matter to the f	ollowing:	
	STACY SMALL			
	Name of Person			
SMITH THOMPSON SHAW, ET AL.				
	Firn/Company			
	3520 THOMASVILLE ROAD, 4TH FLOOR			
	Address			
	TALLAHASSEE, FLORIDA 32309			
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further	information concerning this matter, ple	rase call:		
	STACY SMALL	850	893-4105	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed i	is a check for the following amount:			
\$125.00 F	Filing Fee S130.00 Filing Fee & Certificate of Status	LCertific	of Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	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 OF CHANTICLEER, LLC



The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. <u>NAME</u>.

The name of the Limited Liability Company is **CHANTICLEER**, **LLC** (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. MAILING ADDRESS OF BUSINESS.

The mailing address of the business in Florida for the Company is **P.O. Box 13879**, **Tallahassee**, **Florida 32317**. Such address may be changed from time to time as provided in the Operating Agreement.

5. ADDRESS OF PLACE OF BUSINESS.

The address of the place of business is **1805 Doomar Drive**, **Tallahassee**, **Florida 32308**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: E. ANN CLEARE, 1805 Doomar Drive, Tallahassee, Florida 32308.

7. MANAGEMENT.

The name and address of the person authorized to manage and control the Limited Liability Company are as follows:

E. ANN CLEARE P.O. Box 13879 Tallahassee, Florida 32317

EXECUTED at Tallahassee, Leon County, Florida this 21 day of February, 2019.

E. ANN CLEARE

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FILED

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SEUNDAMENT PROPERTY OF THE PROPERTY

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is **CHANTICLEER**, **LLC**.
- 2. The name of the registered agent and office is: E. ANN CLEARE, 1805 Doomar Drive, Tallahassee, Florida 32308.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

E. ANN CLEARE