

L19000087573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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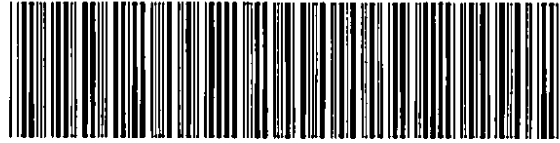
(Business Entity Name)

(Document Number)

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19 APR -2 AM 2:45

CLERK OF STATE  
AT ALBANY, N.Y.

19 APR -2 PM 1:50

CLERK OF STATE

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 706782 9666A

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : April 1, 2019

ORDER TIME : 12:50 PM

ORDER NO. : 706782-005

CUSTOMER NO: 9666A

DOMESTIC FILING

NAME: DARRELL'S DINER # 14, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_



**ARTICLES OF ORGANIZATION  
FOR  
DARRELL'S DINER # 14, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

*Page 2 of 2*

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other event which terminates the continued membership of a member in the Company shall be upon the consent of all of the remaining members in accordance with the terms and conditions of the Operating Agreement to continue the business of the Company, provided that there is at least one (1) remaining member.

**ARTICLE VII.  
AMENDMENTS**

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

**IN WITNESS WHEREOF**, the undersigned, being an authorized representative of the sole initial Member of the Company, hereunto sets his hand this 1<sup>st</sup> day of April, 2019.

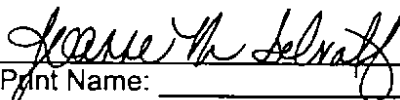
  
\_\_\_\_\_  
TIM HAINES

**STATE OF FLORIDA  
COUNTY OF MARION**

The foregoing ARTICLES OF ORGANIZATION was acknowledged before me by TIM HAINES, as an authorized representative of a Member of the Company, who is personally known to me.

Dated: this 1<sup>st</sup> day of ~~March~~ <sup>April</sup>, 2019.

JOANNE M. DEGRAFF  
Notary Public, State of Florida  
My Comm. expires June 28, 2022  
Comm. No. GG 211592

  
Print Name: \_\_\_\_\_  
Notary Public, State of Florida  
Commission number \_\_\_\_\_  
Commission expires \_\_\_\_\_

NOTARY PUBLIC  
STATE OF FLORIDA

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0114, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY 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: *Darrell's Diner # 14, LLC.*
2. The name and address of the registered agent and office is:

Lawrence D. Breech  
935 SE 42<sup>nd</sup> Street  
Ocala, FL 34480

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.

  
\_\_\_\_\_  
LAWRENCE D. BREECH

Date: 4 - 1, 2019.

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