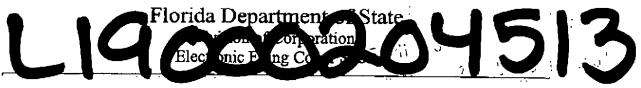
08/15/2019 1:22PM FAX 9546414192



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.

(((H19000242645 3)))



H190002426453ABC0

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 : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA LIMITED LIABILITY CO. SILVER SPRINGS RESTAURANT RE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUS 1 5 2019

.,,

H19000242645

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: **SILVER SPRINGS RESTAURANT RE LLC** (Must end with 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: 6903 CONGRESS STREET 6903 CONGRESS STREET NEW PORT RICHEY, FL 34853 NEW PORT RICHEY, FL 34653 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:

•

VIJAY PATEL	
Name	
6903 CONGRESS STREET	
Florida street address (P.O. Box	NOT acceptable)
NEW PORT RICHEY	FL 34653
City	Zip

Having been named as registered agant 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.,

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR VII a Fatel	6903 CONGRESS ST
D	NEW PORT RICHEY, FL 34653
 ,	
· · · · · · · · · · · · · · · · · · ·	
•	
Use attachment if necessary) EV: Effective date, if other than the dictive date is listed, the date must be if filing.)	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dictive date is listed, the date must be:	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the dictive date is listed, the date must be if filing.) CVI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the distinct date is listed, the date must be if filing.)	the of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 96
V: Effective date, if other than the drive date is listed, the date must be if filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a p	Specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the drive date is listed, the date must be if filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a material of a material contains a contained with section.	pecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the drive date is listed, the date must be filling.) VI: Other provisions, if any. FOUIRED SIGNATURE: Signature of a m (in accordance with section constitutes an affirmation	nember or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein one true
V: Effective date, if other than the disting date is listed, the date must be filling.) VI: Other provisions, if any. FOUIRED SIGNATURE: Signature of a m (in accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. no 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State.
V: Effective date, if other than the disting date is listed, the date must be filling.) VI: Other provisions, if any. Signature of a material constitutes an affirmation I am aware that any false.	nember or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein one true

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)