# L19000218441

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

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# CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	PICK	UP: 9/4 Glinda
	CERTIFIED COPY	
xx	РНОТОСОРУ	
xx	CUS	
xx	FILING	LLC
1.	Burtons Grill of PB	
2.	(CONFORM TE NAME AND DOCUME	ENT #)
	(CORPORATE NAME AND DOCUME	ENT #)
3.	(CORPORATE NAME AND DOCUME	ENT#)
4.	(CORPORATE NAME AND DOCUME	ENT#)
5.	(CORPORATE NAME AND DOCUME	ENT#)
6.		
SPECIA	(CORPORATE NAME AND DOCUME  L INSTRUCTIONS:	ENT #)

#### COVER LETTER

. .

	gistration Section vision of Corporations
SUBJECT:	Burtons Grill of PGB LLC
SUBJECT.	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Beth Graves
•	Name of Person
	Property Consulting & Solutions, Inc.
	Firm/Company
-	5005 W. Laurel Street, Suite 215
	Address
_	Tampa, FL 33607
	City/State and Zip Code  Bgraves@propertyconsultingsolutions.com  E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
Beth	Graves  Name of Person  Area Code  Area Code  Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125,00 Fili	ing Fee \$\sum_{\text{S130.00 Filing Fee & Certificate of Status}} \begin{array}{c c c c c c c c c c c c c c c c c c c
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Burtons Grill of PGB 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 pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
300 Brickstone SQ #103 Andover, MA 01801	Same
another business entity with an active Florida re	its own Registered Agent. You must designate an individual or gistration.)
The name and the Florida street address of the re	gistered agent are:
Karen Bremer	
	Name
5005 W. Lauret Street, Suite 215	5
Florida street address (F	P.O. Box NOT acceptable)
ıampa	FL 33607
City	Zip
the place designated in this certificate, I hereb capacity. I further agree to comply with the pro	accept service of process for the above stated limited liability company at by accept the appointment as registered agent and agree to act in this ovisions of all statutes relating to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter 605, F.S
Karen Bremer	Copinsh review for Appen Branch Care 2011 1 23 13 01 51 Serial
Registered Agent	's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Danise Herrera
	300 Brickstone SQ #103
	Andover, MA 01801
MGR	
MGK	
MGR	
	·
	<del> </del>
V: Effective date, if other than the dative date is listed, the date must be	specific and cannot be more than five business days prior to or 90
Use attachment if necessary)  V: Effective date, if other than the dative date is listed, the date must be if filing.)  VI: Other provisions, if any.	ste of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dative date is listed, the date must be filling.)	nce of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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V: Effective date, if other than the dative date is listed, the date must be a filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  /s/ Kare  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false	specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dative date is listed, the date must be a filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  /s/ Kare  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false	en Bremer  nember or an authorized representative of a member.  n 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 dative date is listed, the date must be filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  /s/ Kare  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	en Bremer  nember or an authorized representative of a member.  n 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

Page 2 of 2