

Division of Corporations Electronic Filing Cover Sheet

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.

(((H19000286283 3)))



H190002862833ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Con	C P	orations		
	Fax Number	;	(850)617-6381		
From:					
	Account Name	÷	CORPORATE CREATIONS	INTERNATIONAL	INC.
	Account Number	:	110432003053		
	Phone	:	(561)694-8107		
	Fax Number	2	(561)694-1639		

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

Enail Addross;____



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Darden APAC, 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:

Maling Address:

1000 Darden Center Drive Orlando, FL 32837

1000 Darden Center	Drive
Orlando, FL 32837	

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:

Corporate Creations Network Inc.				
Name				
s Road #221E				
P.O. Box NOT acc	ceptable)			
Florida	33410			
State	Zip			
	Name 5 Road #221E P.O. Box <u>NOT</u> acx Florida			

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 plating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position be registered agent as provided for in Chapter 605, F.S.

Carlos M. Alvarez, Special Secretary By: Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 SEP 24 AM I

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR ¹ = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Darden International Holdings, Inc.
	1000 Dardan Center Drive
	Orlando, FL 32837
•	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ofter the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The power to adopt, amend, or repeal the Operating Agreement of the Company shall be vested in the Member of the Company,

REQUIRED SIGNATURE:

PLange isoria

Signiture of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.

Jessica P, Lange, Assistant Secretary Typed or printed name of signce

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)

 \sim

ч.

1

PL012 - 6/75/2019 Wolters Kluwer Online