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Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone : (800) 221-2972 Fax Number : (917)243-5843

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. JLO Burgers, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

JLO Burgers, 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:

16344 Mira Vi	sta Lane	16:	344 Mira Vista Lane	
Delray Beach 1	FL 33446	De	ray Beach FL 33446	
				7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
(The Limited Liability Cor	ed Agent, Registered Office, npany cannot serve as its own th an active Florida registration	Registered Agent,	ent's Signature: You must designate an individual or	AHASS
The name and the Florida	street address of the registere	d agent are:		
	Jeffrey Orenstein			-
. Name				e e e e e e e e e e e e e e e e e e e
	16344 Mira Vista La	me		
	Florida street address (P.O. Box NOT acceptable)			
	Delray Beach	FL	33446	
	City	State	Zip	

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 duties agent as provided for in Chapter 605, F.S..

gistered Agent's Signature (REQUIRED)

(CONTINUED)

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-17 13:25 CST -		+171666	3974
	ARTICLE IV- The name and address of each person Title:	n authorized to manage and control the Limited Liability Company: Name and Address:	
	"AMBR" = Authorized Member		
	"MGR" = Manager		
	AMBR	Jeffrey Orenstein	
		16344 Mira Vista Lane Delray Beach FL 33446	
		Dellay Deach LE 33440	
			2021 FFB
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	(Use attachment if necessary)		12
	••		
ARTIC	CLE V: Effective date, if other than the d	date of filing: (OPTIONAL)	
the date	e of filing.)	specific and cannot be more than five business days prior to or 90 days a	Bftc
Note:	If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not be list	ted
the doc	cument's effective date on the Departme	ent of State's records.	
ARTIC	LE VI: Other provisions, if any.		
	REQUIRED SIGNATURE:		
	Signature of a	member or an authorized representative of a member.	
	This document is exe	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.	
	I am aware that any fr	alse information submitted in a document to the Department of State	

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Jeffrey Orenstein

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)