

Jul 21 2021 3:22PM
7/21/2021

Division of Corporations

0679 P. 1

L21000333757

Florida Department of State
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.

(((H21000279259 3)))



H210002792593ABC4

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 : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239)344-1100
Fax Number : (239)344-1529

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

Email Address: dinagreen@ribcity.com

FLORIDA LIMITED LIABILITY CO.
Rib City Immokalee RE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2021 JUL 21 PM 5:10

70
TALLAHASSEE, FL

2021 JUL 21 PM 3:57

FILED

FAX AUDIT NO.: *H210002792593*

**ARTICLES OF ORGANIZATION
OF
RIB CITY IMMOKALEE RE, LLC**

ARTICLE I-NAME

The name of the limited liability company shall be RIB CITY IMMOKALEE RE, LLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is:

Mailing Address: 6830 Shoppes at Plantation Dr.
Fort Myers, Florida 33912

Street Address: 621 N 15th Street
Immokalee, Florida 34142

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

<u>Name</u>	<u>Address</u>
Dina Green	6830 Shoppes at Plantation Dr. Fort Myers, FL 33912

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FAX AUDIT NO.: *H210002792593*

2021 JUL 21 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

FAX AUDIT NO.: H210002792593

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the names and addresses of the initial Managers who shall serve as the Managers of the Company until their successor is elected and qualified:

Name**Address**

Paul D. Peden

6830 Shoppes at Plantation Dr.
Fort Myers, FL 33912**ARTICLE VII-OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 21 day of July 2021.



Dina Green
Authorized Representative

FAX AUDIT NO.: H210002792593

FAX AUDIT NO.: *H210002792593*

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, 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: RIB CITY IMMOKALEE RE, LLC.
2. The name and address of the registered agent and office are:

Dina Green
6830 Shoppes at Plantation Dr.
Fort Myers, FL 33912

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, as provided for in Chapter 605, Florida Statutes.



Dina Green
Registered Agent

FAX AUDIT NO.: *H210002792593*