

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

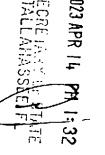
Account Name : JTAX CORP Account Number: 120200000009 Phone : (954)544-1000 Fax Number : (954)678-4500

**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. BR STUFFED POTATO LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00



Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BR STUFFED POTATO 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:	<u>Mailing Address</u> :		
4461 N FEDERAL HWY UNIT_102	SAME		
POMPANO BEACH FL 33064			

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:

1174	X CORP	
	Name	
23123 STATE ROAD	7 STE 315	
Florida street addres	ss (P.O. Box <u>XOT</u> ac	reeptable)
BOCA RATON	FL	33428
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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.

Registered Acade Signature (REQUIRED)

(CONTINUED)

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From: Jtax Corp

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

Title:	Name and Address:	
"AMBR" = Authorized Mem	ber	
"MGR" = Manager		
AMBR	RAFAELA C AGUIAR	
	4481 N FEDERAL HWY APT 102	
	POMPANO BEACH FL 33064	
		
neffective date is listed, the date i ate of filing.)	nan the date of filing:	-
ICLE VI: Other provisions, if any. CATERING SERVICE		
REQUIRED SIGNATURE:		
Signatu	ire of a member or an authorized representative of a member.	
This documer	nt is executed in accordance with section 605,0203 (1) (b), Florida Statutes.	
i am aware th	at any false information submitted in a document to the Department of State	
constitutes a t	hird degree felony as provided for in s.817.155, F.S.	
	NIRVANDO COLA RES BATISTA	
******	NIRVANDO COLARES BATISTA Typed or printed name of signee	A.

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)

SECRETARY OF S