Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 : (561)844-3600 Phone

: (561)842-4104 Fax Number

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

FLORIDA LIMITED LIABILITY CO. RNK SANDWICH, LLC

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

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Corporate Filing Menu

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<u>.</u>

COVER LETTER

	New Filing Sect Division of Cor				
		OWICH, LLC			
SUBJEC	ïl:	Name of	Limited Liab	oility Company	
The enels	osed Articles of	Organization and fee(s) are submitt	ed for filing.	
Please re	turn all correspo	ndence concerning thi	s matter to th	e following:	
	DAVID B. N	ORRIS, ESQ.			
		<u>, </u>	Name	of Person	
	COHEN NO	RRIS WOLMER RA	Y TELEPMA	N BERKOWITZ & CO	HEN
			Firm/	Company	
	712 U.S. HI	GHWAY ONE, SUIT	E 400		
			Ad	ldress	
	NORTH PA	LM BEACH, FL 3340	8(
	KD@COHEN	NORRIS.COM	City/State	and Zip Code	
			used for futur	e annual report notificat	ion)
For furthe	r information co	ncerning this matter, p	lease call:		
	Karin Drakas		561 t (844-3600	
	Nam	e of Person	Aren Code	Daytime Telephon	ic Number
		1 · 6 · 11 · · · · · · · · · · · · · · ·			
	oo Filing Fee	he following amount: S130.00 Filing For Certificate of Statu	ε C o r	155.00 Filing Fee & rified Copy ional copy is enclosed)	☐S160.00 Filing Fcc, Cortificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. E	ng Address Tiling Section on of Corporations Box 6327 Bassec, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810

ES OF OR GANTZATION FOR HI ORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: The name of the Limited Liability Company is:	
RNK SANDWICH, LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ef the Limited Liability Company is: Mailing Address:
Principal Office Address:	Matthe Address.
4211 N. SHORE DRIVE	2676 MONACO TERRACE
WEST PALM BEACH, FL 33408	PALM BEACH GARDENS, FL 33410
	- Company
ARTICLE III - Registered Agent, Registered Office, & R The Limited Liability Company cannot serve as its own Registrother business entity with an active Florida registration.)	ristered Agent. You must designate an individual or

Nan:e

712 U.S. HIGHWAY ONE, SUITE 400

Florida street address (P.O. Box NOT acceptable)

NORTH PALM BEACH FL State 33408

City

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 position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" - Manager	
	RANDY EPSTEIN
MGR	2676 MONACO TERRACE
	PALM BEACH GARDENS, FL 33410
MGR	KRISTEN FUREY-EPSTEIN
More	2676 MONACO TERRACE
	PALM BEACH GARDENS, FL 33410
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