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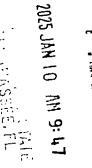
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(Address)
(City/State/Zip/Phone #)
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(Document Number)
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WALK IN

	PICK	UP: <u>JENA 1/10</u>	
	CERTIFIED COPY		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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1	AKC RESTAURANT HO	OLDINGS, LLC UMENT#)	T
2	(CORPORATE NAME AND DOC	TIA(ENT) #)	
3.	(C) (M) (M) (M) (M) (M) (M) (M) (M) (M) (M	CANTES I W	
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	(CORPORATE NAME AND DOC	UMENT #)	
SPECIAL	INSTRUCTIONS:		<u> </u>

2025 JAN 10 AM 0-

ARTICLE 1 - Name: The name of the Limited Liability Company is:

AKC Restaurant Holdings, LLC

(Must conta	in the words "Limited	Liability Compa	my, "L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal c	office of the Lim	ited Liability Company is:		
Principa	l Office Address:		Mailing Ad	ldress:	
2390 Tamiami Trail N Naples, Florida 3410.			2390 Tamiami Trail North Naples, Florida 34103	Suite #204	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac-	cannot serve as its own etive Florida registration	n Registered Ago on.)	Agent's Signature: ent. You must designate an	individual or—	2025 JAN 10
The name and the Florida street a	Charles M. Kelly, Jr			1.2	
		Name		mar.	9: 47
2390 Tamiami Trail North, Suite #204 Florida street address (P.O. Box NOT acceptable)				1.1 	47
	Naples, Florida 341				
	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 position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Membe	ſ
"MGR" = Manager	
AMBR	Katlynn Knuth Cornutt
	27606 Horn Breeze Lane Spring, Texas 77386
	Spring, reads 11500
MGR	Katlynn Knuth Cornutt
NON	27606 Horn Breeze Lane
	Spring, Texas 77386
	20;
	2025 JAN 10
	in a series of the series of t
(Use attachment if necessary)	Ŭ → T
ARTICLE V: Effective date, if other than	n the date of filing: (OPTIONAL)
(If an effective date is listed, the date m	ust be specific and cannot be more than five business days prior to or speaks after
the date of filing.)	to a many the applicable statutory Gling manifestants this data will not be listed as
	loes not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Dep	partment of state's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
RECORED SIGNATURE:	
Signatur	e 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 th	ird degree felony as provided for in s.817.155, F.S.
Charles	M. Kelly, Jr.
- Citative	Typed or printed name of signee

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)