

# L98000000613

CSC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

CONTACT: J.S. Wilson

ACCOUNT #: 072100000032

REF#:

AUTHORIZATION: Patricia Piggott

COST LIMIT: 285

300002523813-7

ORDER DATE: 5/14

ENTITY NAME: DR RESTAURANTS, LLC

DOMESTIC FILING  FOREIGN FILING

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- QUALIFICATION
- CERTIFICATE OF LLC
- ARTICLES OF AMENDMENT

PLEASE RETURN

- STAMPED COPY
- CERTIFIED COPY
- CERTIFICATE OF GOOD STANDING

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
98 MAY 14 PM 4: 13

RECEIVED  
99 MAY 14 PM 1: 20  
DIVISION OF CORPORATION

BK  
5/14/08

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAY 14 11 13 AM '13

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

DF RESTAURANTS, LLC

**ARTICLE II- Address:**

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

2524 MIDDLE RIVER DRIVE, FORT LAUDERDALE, FL 33305

**ARTICLE III- Duration:**

The period of duration for the Limited Liability Company shall be:

PERPETUAL

**ARTICLE IV- Management:**

**(check and complete the appropriate statement)**

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

JOSEPH NICHOLSON      2524 MIDDLE RIVER DRIVE  
FT. LAUDERDALE, FLORIDA 33305



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

FILED OF STATES  
SECRETARY OF CORPORATIONS  
MAY 14 1998  
PM 4:13

PURSUANT TO THE PROVISIONS OF SECTION 608.415 Or 608.507, 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: DF RESTAURANTS, LLC

2. The name and address Of the registered agent and Office is:

CORPORATION SERVICE COMPANY  
(NAME)

1201 HAYS STREET  
(P. O. BOX NOT ACCEPTABLE)

TALLAHASSEE, FL 32301  
(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.*

Laura R. Duff  
(SIGNATURE)

5-14-98  
(DATE)

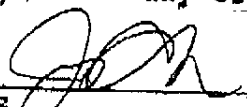
**Filing Fee: \$ 35 for Designation of Registered Agent**

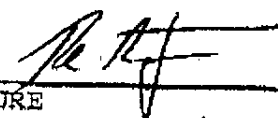
LIMITED POWER OF ATTORNEY

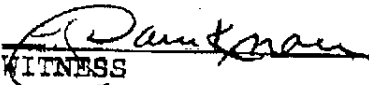
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DIVISION OF CORPORATIONS  
98 MAY 14 PM 4:13

The undersigned hereby designates Corporation Service Corporation ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of DF RESTAURANTS, LLC, (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein by CSC without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this  
14<sup>th</sup> day of May, 1998.

  
\_\_\_\_\_  
WITNESS  
Jane Rankin  
\_\_\_\_\_  
TYPED OR PRINTED NAME

  
\_\_\_\_\_  
SIGNATURE  
Paul R. James  
\_\_\_\_\_  
TYPED OR PRINTED NAME

  
\_\_\_\_\_  
WITNESS  
Doretta Knoerr  
\_\_\_\_\_  
TYPED OR PRINTED NAME

das