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Requestor's Name	
Address	
City/State/Zip	Phone #

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-09/29/99--01012--007
****285.00 ****285.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
99 SEP 29 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

B 10499

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

FILED
SEP 29 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The Name of the Limited Liability Company is
The Thymes L.L.C.

ARTICLE II – Address:

The mailing address:

1344 Euclid Ave. #3
Miami Beach, FL 33139

The street address:

1344 Euclid Ave. #3
Miami Beach, FL 33139

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be perpetual unless otherwise terminated by all members of the L.L.C. .

ARTICLE IV – Management:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Focus Restaurant Group L.L.C.

1344 Euclid Ave #3 Miami Beach,
Fl. 33139

ARTICLE V- Admission of Additional Members:

The right of the members to admit additional members and the terms and conditions of the admissions shall be as follows:

No member may be admitted unless all existing members vote unanimously to accept the new member.

ARTICLE VI- Members Right to Continue Business:

The remaining members of the limited liability company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company. The remaining members are required to file with the State of Florida any changes to the LLC membership within a reasonable time after any changes to the membership.

ARTICLE VII- Affidavit of Membership and Contributions:

The undersigned member or authorized representative of a member of Focus Restaurant Group certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the members is \$ 10,000
- 3) if any, the agreed value of property other than cash contributed by members is \$
- 4) the total amount of cash and property contributed and anticipated to be contributed by members is \$ 65,000

Kris D. Wessel (PRESIDENT)
Signature of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kristen Wessel

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99 SEP 29 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: The Thymes LLC.

2. The name and the Florida street address of the registered agent are:

Judith P. Kobinger
NAME

1344 Euclid Ave. #3
Florida street address (P. O. Box NOT ACCEPTABLE)

Miami Beach FL 33139
CITY, STATE AND ZIP

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TALLAHASSEE, FLORIDA

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.

Judith P. Kobinger
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent