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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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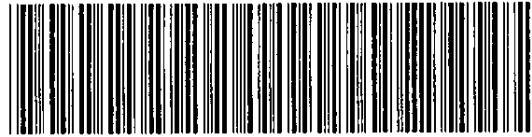
(Business Entity Name)

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EXAMINER

**FLORIDA FILING & SEARCH SERVICES, INC.**

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**DATE:** 07-29-10

**NAME:** LSCM #47, LLC

**TYPE OF FILING:** ARTICLES OF ORGANIZATION

**COST:** \$125

**RETURN:**

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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DIVISION OF CORPORATIONS  
10 JUL 29 PM 2:29

1. LSCM #47, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. TENNESSEE 3. 27-0675973  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/06/2009 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 8295 TOURNAMENT DR., SUITE 200 MEMPHIS, TN 38125 USA

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

George Alvard - 8295 Tournament Dr., Ste. 200 Memphis, TN 38125

Carl Jacobson - 8295 Tournament Dr., Ste 200 Memphis, TN 38125

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Franklin Restaurant

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

George A. Alvard

Typed or printed name of signee

**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:

LSCM #47, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

REGISTERED AGENT SOLUTIONS, INC.

(Name)

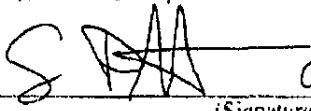
155 OFFICE PLAZA DR. SUITE A

Florida Street Address (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 as provided for in Chapter 608, Florida Statutes.*

 Sean Prawitt,  
asst. Secretary

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
312 Rosa L. Parks Avenue  
6th Floor, William R. Snodgrass Tower  
Nashville, TN 37243

**CFS**  
992 DAVIDSON DRIVE  
SUITE B  
Nashville, TN 37205

July 28, 2010

**Request Type: Certificate of Existence/Authorization**  
Request #: 0018147

Issuance Date: 07/28/2010  
Copies Requested: 1

**Document Receipt**

Receipt #: 226091

Filing Fee: \$20.00

Payment-Account - CFS, NASHVILLE, TN

\$20.00

**Regarding: LSCM #47, LLC**

Filing Type: Limited Liability Company - Domestic

Control #: 607711

Charter/Qualification Date: 08/06/2009

Date Formed: 08/06/2009

Status: Active

Formation Locale: Shelby County

Duration Term: Perpetual

Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**LSCM #47, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent corporation annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett, Secretary of State  
Business Services Division

Processed By: Nichole Hambrick