

L01000006164

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000042920 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

FILED  
01 APR 20 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AL

LIMITED LIABILITY COMPANY

FLORIDA FRANCHISE DEVELOPMENT, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
01 APR 23 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 20, 2001

FAS-T CORP. AGNETS, INC.

SUBJECT: FLORIDA FRANCHISE DEVELOPMENT, L.L.C.  
REF: W0100009034

FILED  
01 APR 20 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt  
Document Specialist

FAX Aud. #: B01000042920  
Letter Number: 701A00023509

**Articles of Organization  
OF**

**FLORIDA FRANCHISE DEVELOPMENT, L.L.C.**

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

**Article I-Name**

The name of this limited liability company is: \_\_\_\_\_

**FLORIDA FRANCHISE DEVELOPMENT, L.L.C.**

**Article II-Address**

The mailing address and street address of the Company's principal office is:

10470 NW 26th Street  
Miami, FL 33172.

**Article III-Registered Agent and Office**

The name of the Company's initial registered agent is

**ADOLFO MORENO**

The street address

of the Company's initial registered agent is:

10470 NW 26th STREET  
MIAMI, FL. 33172

01 APR 20 AM 9:17  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article IV-Management**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager-managed company.

The names and addresses of the managers of the company shall be:

<u>NAME</u>	<u>ADDRESS</u>
ADOLFO MORENO	10470 NW 26th STREET MIAMI, FL. 33172
JOSE M MORENO	9127 SW 150th AVE. MIAMI, FL. 33196

FILED  
 01 APR 20 AM 9:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Article V-Member**

The Limited Liability Company is to have one or more members.

The names and addresses of the members of the company shall be:

<u>NAME</u>	<u>ADDRESS</u>
ADOLFO MORENO	10470 NW 26th STREET MIAMI, FL. 33172
JOSE M MORENO	9127 SW 150th AVE MIAMI, FL. 33196

The undersigned Member and/or Incorporator has executed these Articles of Organization effective as of the 20 day of APRIL, 2001.

ADOLFO MORENO

JOSE M MORENO

*[Handwritten signature]*

**Acceptance of Registered Agent**

Having been named as registered agent and to accept service of process for FLORIDA FRANCHISE DEVELOPMENT, L.L.C.

L.L.C. at the place designated in its Articles of Organization, 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 statues 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.

Dated this 20 day of APRIL, 2001

*[Handwritten signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR 20 AM 9:17

FILED