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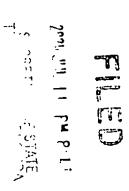
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Glates Elph Horic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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COVER LETTER

TO:

New Filing Section

Di	vision of Co	rporations						
SUBJECT:	KFC	Hospitality LLC						
SUBJECT		Name	e of Lim	ited Liabili	ty Company			
The enclose	d Articles of	Organization and f	ee(s) are	submitted	for filing.			
Please retur	n all corresp	ondence concerning	this mat	ter to the f	ollowing:			
	Mark M	Modarres						
,				Name of	Person			
	KFC Hospit	ality LLC						
				Firm/Co	npany			
	1525 Interna	ational Pkwy # 3001					7:0 200	
				Addro	ess		La Juni	4
	Heathrov	v Florida 32746						Section 1
	mmm@n	nmmcapitalusa.com		ty/State and	l Zip Code		5. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	
_		·		for future a	nnual report notificati	on)	- E	
or further in	formation co	oncerning this matter	r, please	call:			*	
	Mark M M	odarres	40' at (7	829 4900			
-	Nan	ne of Person	_ `	ea Code	Daytime Telephon	e Number		
Enclosed is	a check for t	he following amour	ıt:					
□\$125.00	Filing Fee	□\$130.00 Filing Certificate of Sta		Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Certificate Certified Co (additional co	of Status &	
	New F	ng Address Filing Section			Street Address New Filing Section Di			
	P.O. F	on of Corporations Box 6327 assee, FL 32314			The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:				
KFC Hospit (Must co	ality LLC ntain the words "Limited	Liability Company,	"L.L.C.," or "LLC.	.")	
ARTICLE H - Address: The mailing address and street	address of the principal of	office of the Limited	Liability Company	vis:	
Princ	ipal Office Address:		Mailing	Address:	
1525 Internationa			1525 International Pkwy # 3001		
Heathrow Flori	da 32746	<u>H</u>	eathrow Florida 32	746	
(The Limited Liability Compa another business entity with a The name and the Florida street	n active Florida registration	on.)	Tou must designate	. an individual of	
	Mark M Modari	res Name			
	15051				
	1525 International Florida street address		cceptable)		
	Heathrow	Florida	3		
	City	State	Zip		
Having been named as registere, place designated in this certifica further agree to comply with the am familiar with and accept the	te. I hereby accept the app provisions of all statutes t obligations of my position	pointment as register relating to the prope	red agent and agree r and complete perfo as provided for in C	to act in this capacity. I ormance of my duties, and I Chapter 605, F.S.,	
	Negiii	tered regent is orgina	iaic (Ricconniso)	-1	
		(CONTINUED)		Sun III Lab	

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>AMBR</u>	Mark M Modarres 1525 International Pkwv # 3001
	Heathrow Florida 32746
	1 2
	3
	
	<u> </u>
(Use attachment if necessary)	PA POLICE
T.F.V: Effective date, if other than the	he date of filing: (OPTIONAL)
e of filing.) If the date inserted in this block doe	t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be litternent of State's records
cument's effective date on the Depai	atthem of State a records.
cument's effective date on the Depar CLE VI: Other provisions, if any.	Tallett of State 3 records.
•	Tallett of State 3 records.
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	
REOUIRED SIGNATURE: Signature of This document is I am aware that are	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. my false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE: Signature of This document is I am aware that an	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. my false information submitted in a document to the Department of State

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)