

Division of Corporations

H03000210950

**L030000020836**

Florida Department of State  
Division of Corporations  
Public Access System

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.**

((H03000210950 9))

**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 : PROSKAUER ROSE LLP  
Account Number : 074673001063  
Phone : (561)995-4751  
Fax Number : (561)241-7145

RECEIVED  
03 JUN 10 AM 9:19  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Clematis Restaurant Operating Company LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED  
03 JUN 10 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H03000210950

<https://ccfssl.dos.state.fl.us/scripts/efilcovr.exe>

H03000210950

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
CLEMATIS RESTAURANT OPERATING COMPANY LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
10535 Rio Hermosa, Delray Beach, FL 33446

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

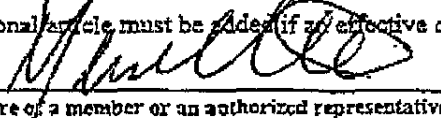
The name and the Florida street address of the registered agent are:

Glenn Frechter  
Name  
10535 Rio Hermosa  
Florida street address (P.O. Box **NOT** acceptable)  
Delray Beach FL 33446  
City, State, and 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, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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

Glenn Frechter, Member  
Typed or printed name of signer

- Filing Fees:**  
\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUN 10 AM 10:29

APPROVAL  
AND  
FILED

H03000210950