1070000 38938

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



300092224043

04/11/07--01028--025 **130.00

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:	aung Zala Name of Limite	+ Sushi ed Liability Company)	LIC	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.		
Please return all correspond	ondence concerning this matt	er to the following:		
	Ron Ber	held		
		Name of Person)		
		(Firm/Company)		
	58 Sioux	Circle	}- *:	OT APR 11 PM 3: 36
		(Address)		मिंवा उ
	Havara, &	4 32333		. 36 Part 36
	(City	/State and Zip Code)		F
For further information of	concerning this matter, please	call:		
Kon Be	enfeld of Person)	at (ephone Number)	
Enclosed is a check for	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ı
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	3	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Toung Zalat Sushi LLC (Must end with the words-Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Principal Office Address: Mailing Address: 519 Halk De #A Midwest City, OK 73110 Midwest City, OK 73110
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Ron Ben field Name
Florida street address (P.O. Box NOT acceptable) Howard FL 37333 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member MCKM	Kap Sang 519 Harr De #A Midwest City, DK 73110
(Use attachment if necessary)	
CLE V: Effective date, if other than the date ffective date is listed, the date must be so days after the date of filing.) REQUIRED SIGNATURE:	ate of filing: (OPTIONAL) specific and cannot be more than five business days pri
Luc Ku	
Signature of a member of	or an authorized representative of a member.
•	on 608.408(3), Florida Statutes, the execution
of this document constitute that the facts stated here	tes an affirmation under the penalties of perjury

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)