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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

mama's on wheels, llc

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

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D. BRUCE

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**MAMA'S ON WHEELS, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

999 PONCE DE LEON BLVD.  
SUITE 625  
CORAL GABLES, FLORIDA 33134

999 PONCE DE LEON BLVD.  
SUITE 625  
CORAL GABLES, FLORIDA 33134

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TALLAHASSEE, FLORIDA

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

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

CARLOS M. FARAH, CPA  
Name

999 PONCE DE LEON BLVD, SUITE 625  
Florida street address (P.O. Box NOT acceptable)

MIAMI, FLORIDA 33134  
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.*

*Carlos Farah*  
Registered Agent's Signature

(CONTINUED)

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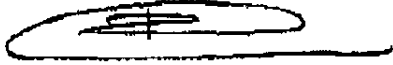
**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

<b>TYPE:</b> "MGR" = Manager "MGRM" = Managing Member	<b>Name and Address:</b>
<u>MGR</u>	<u>BONIA FARRIGAS</u> <u>999 BOULEVARD DE LEGAL BLVD</u> <u>SUITE 220</u> <u>CORAL GABLES, FLORIDA 33134</u>

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



Signature of a Member or an authorized representative of a member.

(In accordance with section 609.400(7), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

BONIA FARRIGAS  
Typed or printed name of signor

**FEES:**

- \$124.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 50.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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