

L10000003373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

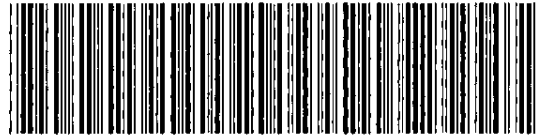
(Business Entity Name)

(Document Number)

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10 JAN 11 AM 10:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 JAN 11 PM 1:16
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR
JAN 11 2010
EXAMINER



CORPORATION SERVICE COMPANY:

ACCOUNT NO. : I20000000195

REFERENCE : 245107 4327962

AUTHORIZATION

Spuddeenan

COST LIMIT : \$125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 11 PM 1:16

ORDER DATE : January 8, 2010

ORDER TIME : 10:23 AM

ORDER NO. : 245107-005

CUSTOMER NO: 4327962

DOMESTIC FILING

NAME: 1801 COLLINS RESTAURANT
ASSOCIATES LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 11 PM 1:16

ARTICLE I - Name:

The name of the Limited Liability Company is:

1801 COLLINS RESTAURANT ASSOCIATES LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1801 Collins Avenue
Miami Beach, FL 33139

Mailing Address:

636 Broadway
Room 1007
New York, NY 10012

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:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
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..

Corporation Service Company
BY:  **Troy Todd**
Registered Agent's Signature (REQUIRED) **as its agent**

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

James Gersten

636 Broadway, Room 1007

New York, NY 10012

MGRM

Derek Sanders

636 Broadway, Room 1007

New York, NY 10012

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

/s/Jeffrey H. Schneider

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.)

Jeffrey H. Schneider, Authorized Representative

Typed or printed name of signee

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)