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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. LHM ENTERPRISE BOWLING GREEN KENTUCKY LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORID	A LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
LHM ENTERPRISE BOWLING GREEN KENTUC	KY LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	de la filmatica de la Calabrida de Companyo de Calabrida
The mailing address and street address of the principal office of	me Limited Liability Company is:
Principal Office Address:	Mailing Address:
7400 WEST FLAGLER STREET	
MIAMI, FL 33144	SAME
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Registe another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	re:
FERNANDEZ- BERGNES &	& ASSOCIATES, P.A.
Name	

7400 WEST FLAGLER STREET Florida street address (P.O. Box NOT acceptable) MIAMI 33144 State Zip City

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 lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S.

Registered Agent's Signature (REQUIRED)

.... (CONTINUED).......

Al	2TI	CL	F.	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  AMBR	LUIS M. HERNANDEZ  7400 WEST FLAGLER STREET  MIAMI, FL 33144	·
٠	•	. MIAMI, FL 33144	
	MGR	FABIANA HERNANDEZ DUNCAN 7400 WEST FLAGLER STREET MIAMI, FL 33144	
	(Use attachment if necessary)		
(If an el the date <u>Note:</u>	ffective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to not meet the applicable statutory filing requirements, this date ment of State's records.	o or 90 days after
ARTIC	LE VI: Other provisions, if any,		
-	REQUIRED SIGNATURE:	depend	ZBZZ J
	This document is e	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statistical information submitted in a document to the Department of legree felony as provided for in s.817.155, F.S.	AN 21 PH
	<u>Luis M. Hi</u>	ERNANDEZ Typed or printed name of signee	3: 20 STATE TLORIDA