

**L-01080604604**  
13313 WEST DIXIE HWAY MIAMI, FL 33161 email: almtax@bellsouth.net

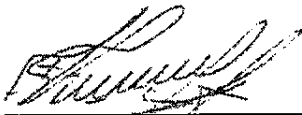
March 16, 2001

ALEX LACROIX Agent for A L M TAX SERVICES INC  
13313 WEST DIXIE HWY  
MIAMI FL 33161  
305-981-8441

900003890869--6  
-03/21/01--01093--003  
\*\*\*\*130.00 \*\*\*\*130.00

Filing the LLC on behalf of Samuel Andre Owner of Leroy's Restaurant LLC  
13315 WEST DIXIE HWY  
MIAMI FL 33161  
305-981-8441

Sincerely yours,



Alex Lacroix (Personal Financial Analyst)

FILED  
01 MAR 21 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IF WE DO TODAY WHAT WE DID YESTERDAY, WE WILL ALWAYS GET THE SAME RESULTS- ALM

**L01-4604**  
**QR**

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

LEROY'S RESTAURANT LLC

### ARTICLE II - Address:

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

13315 WEST DIXIE HWY MIAMI, FL. 33161

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

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

SAMUEL ANDRE

Name

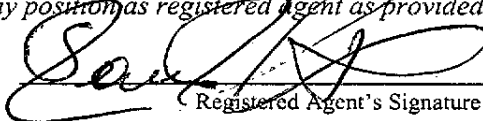
121 NE 173 STREET

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

MIAMI, FL. 33162

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

### Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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

Samuel Andre

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.)

SAMUEL ANDRE

Typed or printed name of signee

### 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)

FILED  
01 MAR 21 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA