

# L020000011079

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : BEATRIZ M. CAPOTE, P.A.  
Account Number : I19990000052  
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**LIMITED LIABILITY COMPANY**

**Night Cafe, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION

OF

NIGHT CAFE, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is:

NIGHT CAFE, LLC

2. ADDRESS OF PRINCIPAL OFFICE.

The mailing address and street address of the principal office of the Limited Liability Company is: 5582 N.E. 4 Court, Suite 6, Miami, FL 33137.

3. NAME AND ADDRESS OF REGISTERED AGENT.

The name and address of the initial registered agent in Florida for the Limited Liability Company is: Beatriz M. Capote, Esq., 799 Brickell Plaza, Suite 700, Miami, FL 33131.

4. PERIOD OF DURATION.

The period of duration of the Limited Liability Company shall be from the date of filing until the first to occur of the following:

- (i) Thirty (30) years from the date of filing of these

Articles of Organization with the Department of State, or

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TALLAHASSEE, FLORIDA

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(ii) Dissolution of the Limited Liability Company  
pursuant to provisions of the Florida Limited Liability Company  
Act.

5. PURPOSE.

The purpose for which the Limited Liability Company is organized is to  
engage in any and all businesses and activities permitted by the laws of the State of Florida.  
The Limited Liability Company shall have all of the powers vested in a limited liability company  
organized and existing by virtue of such laws.

6. ADDITIONAL MEMBERS.

Members may admit additional members upon unanimous agreement of  
the then existing members.

7. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy  
dissolution of a member or the occurrence of any other event which terminates the continued  
membership of a member in the Limited Liability Company, the business of the Limited  
Liability Company shall not be continued and the Limited Liability Company shall be dissolved  
unless there is obtained the consent of all the remaining members of the Limited Liability  
Company.

8. MANAGEMENT.

The Limited Liability Company is to be managed by a manager. The  
name and address of such manager who is to serve as manager until the first annual

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meeting of members or until his successor is elected and qualified is as follows:

MARK SOYKA  
5582 N.E. 4 Court , Suite 6  
Miami, FL 33137

Executed on this 8 day of May, 2002, by the undersigned member of NIGHT  
CAFE, LLC.

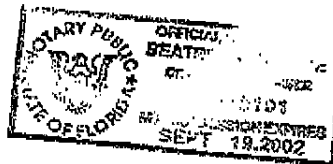
  
MARK SOYKA

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 8 day of May, 2002, by  
MARK SOYKA, a member of NIGHT CAFE, LLC, who is personally known to me or who  
has produced \_\_\_\_\_ as identification.

My commission expires:

  
NOTARY PUBLIC  
Print Name: \_\_\_\_\_



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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/  
REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **NIGHT CAFE, LLC.**

The name and address of the registered agent and office is:

**Beatriz M. Capote, Esq.  
799 Brickell Plaza, Suite 700  
Miami, FL 33131**

HAVING BEEN NAMED 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.

  
BEATRIZ M. CAPOTE, ESQ.

DATE

5-8-02

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CLERK OF COURT  
HALL ARABASS, FLORIDA

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