

OCT-31-02 11:20AM FROM: Gary, Dytrych & Ryan, P.A.

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Division of Corporations

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Florida Department of State  
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Account Name : GARY, DYTRYCH & RYAN, P.A.  
Account Number : I19990000255  
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**LIMITED LIABILITY COMPANY**

**Lindburgers Wellington, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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10/31/02  
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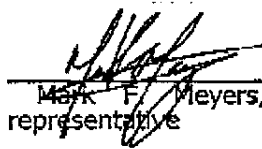
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ARTICLES OF ORGANIZATION  
FOR  
Lindburgers Wellington, LLC  
a Florida Limited Liability Company

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 608 entitled the Florida Limited Liability Company Act, do hereby adopt the following Articles of Organization for such company:

1. Name. The name of the limited liability company is: Lindburgers Wellington, LLC
2. Duration/Continuation. The period of this company's duration shall be perpetual, unless terminated by the unanimous written agreement of all members or by the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member, unless the business of the company is continued by the consent of all the remaining members, or by amendment of these Articles of Organization providing for the continued existence of the company subsequent to the foregoing events.
3. The mailing and the street address of the principal office of the company is: 300 South Dixie Highway, Lantana, FL 33462.
4. Registered Agent and Office. The name and the Florida street address of the initial registered agent and office for this company is as follows: John W. Gary, III, at Gary, Dytrych & Ryan, P.A., 701 U.S. Hwy. One, Ste. 402, N. Palm Beach, FL 33408.
5. Admission of Additional Members; and Terms and Conditions of such Admissions. Additional Members may be admitted only upon the unanimous approval of the nontransferring members of the Company upon the written application of such new Member, in the manner set forth in the Operating Agreement of the Company.
6. Right to Continue Business. Company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, unless the business of the Company is continued by the consent of all the remaining Members.
7. Management of Company. The business of the Company is to be managed by one manager or more managers and is therefore, a manager-managed company.
8. Informal Action of Members. Any action of the Members may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting (and filed with the Manager(s) of the Company as part of its records.)

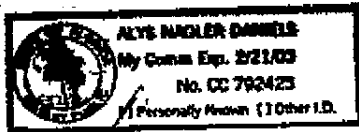
IN WITNESS WHEREOF, the undersigned member has hereunto set his hands and seals this 2nd day of August, 2002.

  
Mark F. Meyers, as the authorized representative

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of August, 2002,  
by Mark F. Meyers, who is personally known to me or who has produced \_\_\_\_\_ as  
identification.



NOTARY PUBLIC  
SERIAL NO.:

REGISTERED AGENT ACCEPTANCE

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.

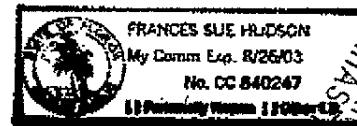
John W. Gary, III

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 3<sup>rd</sup> day of August, 2002,  
by John W. Gary, III, who is personally known to me or who has produced \_\_\_\_\_ as  
identification.

NOTARY PUBLIC  
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