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Division of Corporations

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

From: Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

FIFTH TASTE CONCEPTS BOCA, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
OF
FIFTH TASTE CONCEPTS BOCA, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be Fifth Taste Concepts Boca, L.L.C., ("company").


ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is 2600 North Military Trail, Suite 270 Boca Raton, Florida 33431.

ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

The name and street address of the registered agent of the company in the state of Florida are Ian M. Berkowitz, 2600 North Military Trail, Suite 270 Boca Raton, Florida 33431.

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.


Ian M. Berkowitz

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

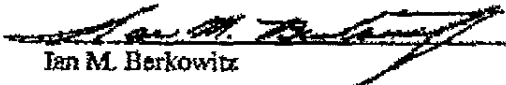
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IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Boca Raton, Florida, on November 4, 2002.


Ian M. Berkowitz

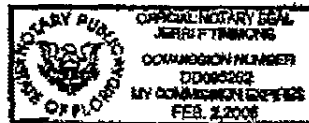
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to and subscribed before me this November 4, 2002 by Ian M. Berkowitz, who is _____ personally known to me OR _____ produced identification.

Type of identification produced: _____


Notary Public -- State of Florida



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