Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Pax Number

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone r (305)634-3694 Fax Number

: (305)633-9696

JIVISION OF CORPONATION

LIMITED LIABILITY COMPANY

american cafe, llc

Certificate of Status	U THE STATE OF THE
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00



FLORIDA DEPARTMENT OF STATE Clenda E. Hood Secretary of State

June 16, 2003

EMPIRE CORPORATE KIT COMPANY

SUBJECT: AMERICAN CAFE, LLC

REF: W03000017233

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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Tammi Cline Document Specialist FAX Aud. #: H03000214670 Letter Number: 603A00037128

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

H03000214670

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: AMERICAN CAFE, LLC

ARTICLE II - Address:

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

1700 N. DINE HWY 44150 BOCA NATON, R. 33431

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

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

MICHAEL D. UMILE

Name

ZIO OREGON LANE

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

BOCA RATON FL 334F7

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

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

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.)

MICHAEL D. UMILE
Typed or printed name of signce

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

5 25,00 Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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