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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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LAW OFFICES
ABRAMOVITZ & CYMERMAN L.L.C.
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1034 FIFTH AVENUE
PITTSBURGH, PENNSYLVANIA 15219-6202
PHONE: (412) 391-4305

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 18, 2003

Florida Department of State
Registration Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: T Bone, LLC

To Whom It May Concern:

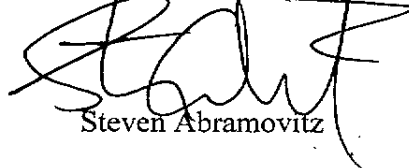
Enclosed for immediate filing is the original executed Articles Of Organization for the above-referenced limited liability company. Also enclosed is our check made payable to you for the sum of \$155.00, which represents the filing fee for the Articles of Organization, Designation of Registered Agent and the cost of a Certified Copy. I have enclosed a copy of the Articles Of Organization. Kindly date/time stamp this document and return it to me in the enclosed self-addressed, stamped envelope so that I may have a copy for our files.

Very truly yours,

If you have any questions in this regard, please do not hesitate to contact me.

Very truly yours,

ABRAMOVITZ & CYMERMAN L.L.C.



Steven Abramovitz

SA/aml

Enclosure

cc: Thomas Witt

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

T Bone, LLC

ARTICLE II - Address:

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

2614 N.W. 63rd Street, Boca Raton, FL 33496

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


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

Thomas Witt
Name
2614 N.W. 63rd Street

Florida street address (P.O. Box **NOT** acceptable)
Boca Raton FL 33496

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 must 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.)

Thomas Witt

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)