

L03 000037013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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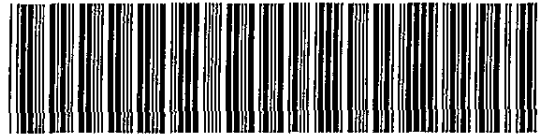
(Business Entity Name)

(Document Number)

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A PROFESSIONAL CORPORATION

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September 19, 2003

HARVEY R. POE *
(LLM IN TAXATION)

JAY J. FREIREICH **
(LLM IN TAXATION)

JEFFREY J. BEREZNY *

FARAH N. HOMSI *

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** NJ, PA & FL BARS
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SCOTTSDALE, ARIZONA 85258

(480) 922-0026

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

Re: DLK I Pizza, LLC


Dear Sir or Madam:

This office represents the above referenced limited liability company. Please find enclosed the Transmittal Letter, the Articles of Organization for Florida Limited Liability Company, and a check payable to the Florida Department of State in the amount of \$125.00 for the filing fee for the Articles of Organization and the Designation of the Registered Agent.

Please send this office a letter of acknowledgment upon the registration of the Articles of Organization.

If you have any questions, please call me at the number above.

Very truly yours,


HELEN H. SON

Enclosures

cc: Christopher P. Brodersen

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DLK I Pizza, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay Freireich, Esq.

(Name of Person)

Poe & Freireich, P.A.

(Firm/Company)

256 Columbia Turnpike
South Tower - Suite 202

(Address)

Florham Park, NJ 07932

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Brodersen

(Name of Person)

at (850) 258-8140

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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2003

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: DLK I Pizza, LLC

ARTICLE II - Address:

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

Principal Office Address:

P.O. Box 611235
Rosemary Beach, FL 32461

Mailing Address:

420 East 23rd Street
Apt. 6D
New York, NY 10009

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

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.

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

Christopher Brodersen

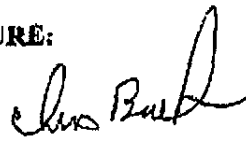
420 East 23rd Street, Apt. 6D

New York, NY 10009

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Christopher Brodersen

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)

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STATE OF FLORIDA