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To: Division of Corporations	
Fax Number : (850)205-0383	
From: GAIL S. ANDER Account Name : LOWNDES, DROS Account Number : 072720000036	DICK, DOSTER, KANTOR & REED, P.A.
Fax Number : (407)843-4444 PLEASE ARRANGE FILING OF THE ATTACH CERTIFICATION TO ME AS SOON AS POSS	DICK, DOSTER, KANTOR & REED, P.A. ED ARTICLES OF ORGANIZATION AND RETURN A 03 NOV 21 PM 3: 51 ITY COMPANY ITLAND, LLC
LIMITED LIABIL	TY COMPANY
'ZA-BISTRO! MA	ITLAND, LLC PORAT
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ARTICLES OF ORGANIZATION OF 'ZA-BISTRO! MAITLAND, LLC

ARTICLE I - NAME

The name of this limited liability company is 'ZA-BISTRO! MAITLAND, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address of the Company is Post Office Box 195905, Winter Springs, Florida 32708, and the street address of the principal office of the Company is 336 Twelve Oaks Drive, Winter Springs, Florida 32708.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 2308 Ekana Drive, Oviedo, Florida 32765, and the name of the initial registered agent of the Company at that address is Michael E. Eagen.

Signature of a Member of an Authorized

Representative offa Member

Michael E. Eagen

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

Michael B. Eige

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