

04/28/2004

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TRIPP SCOTT, P.A. 890204 20411135022 0383#

Division of Corporations

NO.557 5001  
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Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850) 205-0383

From:

**C VESKOVSKI**  
Account Name : TRIPP SCOTT, P.A.  
Account Number : 075350000065  
Phone : (954) 525-7500  
Fax Number : (954) 761-8475

04 APR 28 AM 10:00  
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**SHORE RESTAURANTS GROUP STUART, LLC**

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

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**ARTICLES OF ORGANIZATION  
OF  
SHORE RESTAURANTS GROUP STUART, LLC**

\*\*\*\*\*

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I  
NAME**

The name of this limited liability company is:

Shore Restaurants Group Stuart, LLC

**ARTICLE II  
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

2929 E Commercial Blvd, Suite 502  
Fort Lauderdale, Florida 33308

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

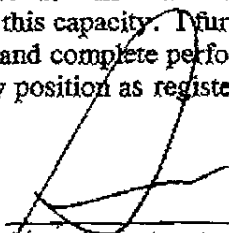
The name and the Florida street address of the registered agent are:

Scott J. Jordan, Esq.  
c/o Tripp Scott, P.A.  
110 SE 6th Street, 15th Floor  
Fort Lauderdale, Florida 33301

Prepared By: Scott J. Jordan, Esq.  
FL Bar No. 0066052  
Tripp Scott, P.A.  
P. O. Box 14245  
Ft. Lauderdale, FL 33302  
(954) 525-7500

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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.

  
\_\_\_\_\_  
Scott J. Jordan, Esq.  
Registered Agent

**ARTICLE IV**  
**MANAGER(S) OR MANAGING MEMBER(S)**

Title  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address

MGR

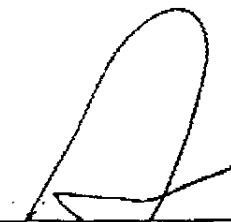
George Hart  
2929 E Commercial Blvd, Suite 502  
Fort Lauderdale, Florida 33308

MGR

Michael Batt  
2929 E Commercial Blvd, Suite 502  
Fort Lauderdale, Florida 33308

**FILED**  
04 APR 28 AM 10:00  
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TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Scott J. Jordan, Esq.  
Authorized Representative of the Members

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