

**L04000035910**

Florida Department of State  
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**To:**  
Division of Corporations  
Fax Number : (850) 205-0383

**From:**  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

**the full monty catering, llc**

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF

**THE FULL MONTY CATERING, LLC**  
LIMITED LIABILITY COMPANY

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The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I - Name:**

The name of the Limited Liability Company is: THE FULL MONTY CATERING LLC

**ARTICLE II - Address:**

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

1000 NE 24 Avenue, Hallandale, FL 33009

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be: Perpetual

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es)  
of the managing members are:

ADRIAN KRUSE, MGRM  
1000 NE 24 Avenue  
Hallandale, FL 33009

NERISSA BUCKLEY, MGRM  
1000 NE 24 Avenue  
Hallandale, FL 33009

VANESSA PAZ, MGRM  
1000 NE 24 Avenue  
Hallandale, FL 33009

CARLOS BARILLAS, MGRM  
1000 NE 24 Avenue  
Hallandale, FL 33009

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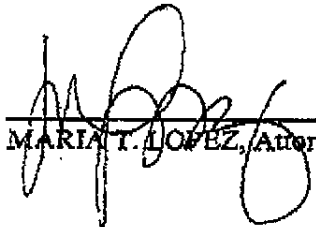
**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be by consent of ADRIAN KRUSE, NERISSA BUCKLEY, VANESSA PAZ, CARLOS BARILLAS.

**ARTICLE VI - Members' Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other even which terminates the continued membership of a member in the limited liability company shall be determined by the majority of the members as of the date of specified even (as described herein).

IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledged them to be our act this 10 Day of May, 2004.

  
\_\_\_\_\_  
MARIA T. LOPEZ, Attorney in Fact

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Registered Agent / Registered Office

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

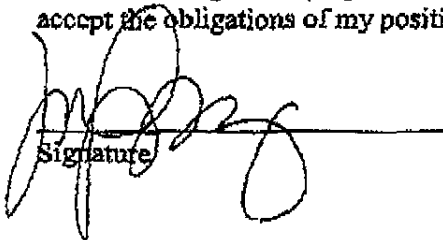
1. The name of the Limited Liability Company is:

**THE FULL MONTY CATERING LLC**

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

MARIA T. LOPEZ, P.A.  
2000 Ponce de Leon Boulevard, 6<sup>th</sup> Floor  
Coral Gables, FL 33134

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.

  
Signature

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