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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY
TALLAHASSEE

2004 JUL 12 P 4:12

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bruce's Restaraunts, L.L.C.
(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:

Rick Weaver
(Name of Person)

Advanced Legal Alternatives, Inc.
(Firm/Company)

450 South Federal Highway
(Address)

Stuart, Florida 34994
(City/State and Zip Code)

For further information concerning this matter, please call: Rick Weaver
at (772) 229-8000
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

ADDRESS:

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

P.O. Box 6327

Tallahassee,
Florida, 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAILING

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: Brucee's Restaraunts L.L.C.

ARTICLE II - Address:

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

Principal Office
3427 Feriwinkle
Port Saint Lucie,
Florida 34952

Address: Mailing Address:
3427 Feriwinkle
Port Saint Lucie,
Florida 34952

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

Signature:

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

Bruce Campbell

Name

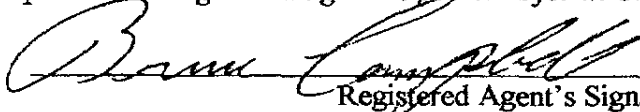
3427 Feriwinkle,

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

Port Saint Lucie, Florida 34952

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, Florida Statutes..



Registered Agent's Signature

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TALLAHASSEE
SECRETARY OF STATE

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

Name and Address:

BRUCE CAMPBELL

3427 Feriwinke

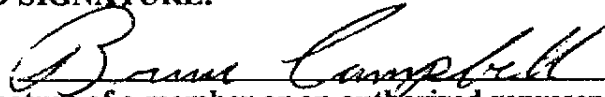
Port Saint Lucie, FL 34952

MGR

(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.)

Bruce Campbell

Typed or printed name of signee

2012 JUN 12 P 4:12
TALLAHASSEE, FL 32301
CLERK OF CIRCUIT COURT

FILED

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

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