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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

W 12/21/04

RECEIVED
04 DEC 20 AM 8:03
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
KEY LARGO KOUNTRY KITCHEN LLC

FILED
2004 DEC 20 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Key Largo Kountry Kitchen LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

102250 Overseas Highway

102250 Overseas Highway

Key Largo, FL 33037

Key Largo, FL 33037

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

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

Robert B. Marshall

Name

479 Bahia Ave

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

Key Largo, FL 33037

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.

x R B Marshall

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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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:

MGR

Robert B. Marshall
479 Bahia Ave.
Key Largo, FL 33037

MGR

Julia W. Marshall
479 Bahia Ave.
Key Largo, FL 33037

(Use attachment if necessary)

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

REQUIRED SIGNATURE

Robert B. Marshall
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert B. Marshall
Typed or printed name of signer

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