

Division of Corporations Public Access System

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OIVISION OF CORPORATION

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY



biscayne restaurant associates, llc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00





ARTICLES OF ORGANIZATION

OF

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A PART SE FLORIDA

BISCAYNE RESTAURANT ASSOCIATES, LLC

ARTICLE I -- NAME

The name of the limited liability company is BISCAYNE RESTAURANT ASSOCIATES, LLC, (the "Company").

ARTICLE II - DURATION

The Company's existence will be perpetual unless it is sooner terminated by agreement of all of its Members.

ARTICLE III -- ADDRESS

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

4500 Biscayne Blvd., #106 Miami, FL 33137

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The name of the initial registered agent of the Company and the street address of the registered office of the Company is:

Kenneth A. Lyon 5663 NW 35th Ct. Miami, FL 33142

ARTICLE V -- MANAGING MEMBERS

The Company is to be Member Managed. The Managing Member is:

Kenneth A. Lyon 5663 NW 35th Ct. Miami, FL 33142

ARTICLE VI -- PURPOSE

This company is organized for the purposes of transacting any and all lawful business authorized to Limited Liability Companies organized in Florida.

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ARTICLE VII -- ADMISSION OF ADDITIONAL MEMBERS 11 - 3 A ID: 20

The Members of the Company shall have the right to admit additional Members by the unanimous consent of, and subject to the terms and conditions of, all the remaining This include Members.

ARTICLE VIII - MEMBERS RIGHT TO CONTINUE BUSINESS

The members of the Company shall not have the right to continue the business on the death, retirement, resignation, expulsion bankruptcy, or dissolution of a Member or the occurrence of any other event that terminates the continued membership of a Member in the Company, unless the business of the company is continued by the consent of all the remaining Members.

IN WITNESS WHEREOF, I have hereunto affixed my hand as a member of this Limited Liability Company on this ____ day of January, 2005.

BISCAYNE RESTAURANT ASSOCIATES

D.,, 1

Kenneth A. Lyon

Remem A. Lyon

Biscayne restaurant associates lie articles organization

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CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED

OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STAUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT IN THE STATE OF FLORIDA

- 1. The name of the limited liability company is BISCAYNE RESTAURANT ASSOCIATES
- 2. The name and address of the registered agent and office is:

Kenneth A. Lyon 5663 NW 35th Ct. Miami, FL 33142

Having been named as registered agent and to accept service of process for the above stated limited Liability Company at the place designated on 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.

Date

Kenneth A. Lyon

Biscayne restaurant designate registered agent

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