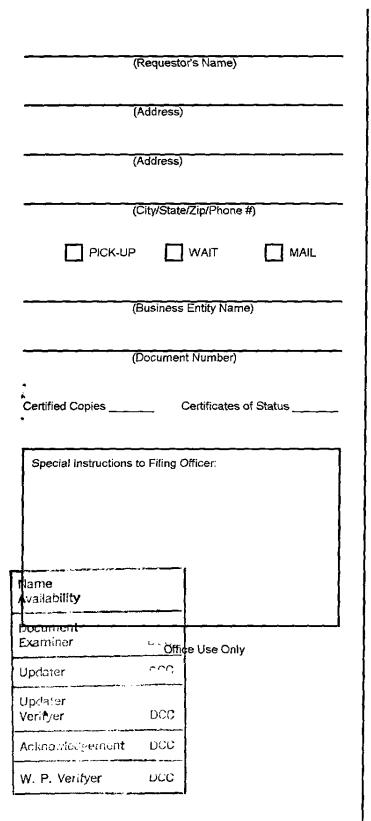
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THE SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Paradise Cafe Pembroke Lakes, 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:
Herbert Kornblau (Name of Person)
Paradise Cafe Rembroke Lakes, L.L.C.
12415 Rockledge Circle
Boca Raton Florida (City/State and Zip Code)
For further information concerning this matter, please call: Herbert Korh b Quat 56/305-2253 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S125.00 Filing Fee S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Pembroke Lakes			
Paradise Cafe, South Miami, L.L.C.	· -	-	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Li	ability (Compa	ny is:
Principal Office Address: 12415 Rockledge Circle 12415 Rockledge Boca Raton, Florida 33428	o Circ	le 342	8
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's	s Signat	ture:	
The name and the Florida street address of the registered agent are: CFDEFT NOT DIA DELLE			
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept to registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in C	he appol h the pro m famili	ntment visions ar with	as of all and
Registered Agent's Signature	SECRETARY (2005 JAN 24	
(CONTINUED)	or st	D _.	S
Page 1 of 2		ليب	-

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	
Title: "MGR" = Manager "MGRM" = Managing Member MGRM MGRM	Herbert Korn blau 12413 Rockledge Circle Boca Katon, Florida 33428 Jim Singletary 13920 SW. 10444 Avenue Miami, Florida 33/76
(Use attachment if necessary) NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.
Signature of a member of a member of this document constitute that the facts stated here that the facts stated here Types Filing Fees: \$125.00 Filing Fee for Articles of Organization of Registered Agent	or printed name of signee AHASSETARY OF AHASSET AND
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	