L05000011767

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:

Office Use Only



600045184986

01/24/05--01021--011 **125.00_

Noz/04/05

THE D SECRETARISEE, FLORIDA



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Paradise Cafe Group, 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: Hebet Kowblau (Name of Person)
Herbert Korn Hatt Paradise Cafe Group,
12415 Rockledge Circle
Boca Raton Florida 33428 (City/State and Zip Code)
For further information concerning this matter, please call:
Herbert Korn Hau at 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 & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) SSE 2
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Registration Section Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Tallahassee, Florida 32314
Tallahassee, Florida 32399 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Paradise Cafe Group, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1245 Rockledge Circle
Bock Raton, Florida
33428

Mailing Address:

1245 Rockledge Circle
Bock Raton, Florida
33428

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

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

12415 Rockledge Circle
Florida street address (P.D. Box NOT acceptable)

BOCK ROTON FI 33428

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, F.S.

Registered Agent's Signature

(CONTINUED)

The name and address of each Manager of				
Title: "MGR" = Manager "MGRM" = Managing Member MGRM MGRM MGRM	Herbert Kornblat 12415 Kocklegge Cir Boda Raton, Tobride: Jim Singletary 139205W 1044-Avery Miami, Florida 33176	1 21 e 33 21 2 10	8	<u>-</u> .
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested	d.		
(In accordance with section of this document constitute that the facts stated herein HCV bey	an authorized representative of a member. a 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.) Or printed name of signee	SECR TALLA	2005 J	
Filing Fees: \$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation	RETAIR OF STAT	JAN 24 MI 11: 4	FILED