

LOS 000031167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

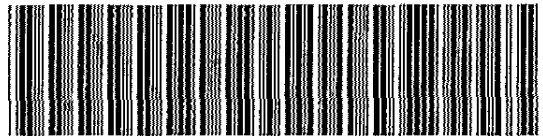
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/28/05--01045--001 **78.50

03/18/05--01002--005 **46.50

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TALLAHASSEE, FLORIDA

LOS-31167
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 17, 2005

NANETTE NOMA
1430 DUNCAN LOOP NORTH
SUITE 104
DUNEDIN, FL 34698

SUBJECT: THE RESTAURANT GROUP INC.
Ref. Number: W05000005570

We have received your document for THE RESTAURANT GROUP INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file the LLC you must fill out the articles of organization.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 905A00018519

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 1, 2005

NANETTE NOMA
1430 DUNCAN LOOP NORTH
SUITE 104
DUNEDIN, FL 34698

SUBJECT: THE RESTAURANT GROUP INC.
Ref. Number: W05000005570

We have received your document for THE RESTAURANT GROUP INC. and check(s) totaling \$78.50 of which \$ has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$46.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 705A00014121

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Italian Group LLC
(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:

Nanette Noma

(Name of Person)

Licensing & Permits Inc

(Firm/Company)

1430 Duncan Loop No., Ste 104

(Address)

Duncan, FL 34698

(City/State and Zip Code)

For further information concerning this matter, please call:

Nanette Noma

(Name of Person)

at (727) 434-6662

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Certificate of Status & Certified Copy
(additional copy is enclosed) |
|----------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Italian Group LLC

ARTICLE II - Address:

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

Principal Office Address:

2060 Ocean Drive
Miami Beach, FL

Mailing Address:


1430 Duncan Loop No. Ste 104
Dunedin, FL 34698

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

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

Nanette Noma
Name
1430 Duncan Loop No. Ste 104
Florida street address (P.O. Box **NOT** acceptable)
Dunedin FL 34698
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, F.S..



Registered Agent's Signature

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

Vincenzo Covone
2223 NO Westshore Blvd. B209
Tampa, FL 33607

MGRM

Edit Csizmadia
2223 NO Westshore Blvd. B209
Tampa, FL 33607

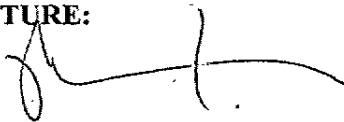
MGR

Nanette Noma
1430 Duncan Loop No.
Dunedin, FL 34698

(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.)

Nanette Noma

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**

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