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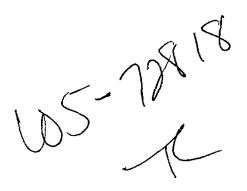
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TRANSMITTAL LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Boston Breakfast + Lunch 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:
Jennifer Væladao (Name of Person)
Boston Breakfast + Lunch LLC (Firm/Company)
604-8 East Moody Blvd (Address)
Bunnell FL 32110 (City/State and Zip Code)
For further information concerning this matter, please call:
Jennifer Valadao at (386) 986-4832 (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 Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Boston Breakfast	t + Lunch LLC		
ARTICLE II - Address:	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
BURNELL, FL 32110	BURNII, FL 32110		
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:		
The name and the Florida street address of the re			
<u>Jennifer</u> V	aladao		
51 Lancelot	Drive		
51 Lance lot Drive Florida street address (P.O. Box NOT acceptable)			
Palm Coast City, State, as	<u>FL 33/37</u> nd Zip		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S		
Registered Agent's	Value Signature SET 27 THE SET SET SET SET SET SET SET SET SET SE		

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgrm	Jennifer Valadao 31 Lancelot Drive Palm Coast, FL 32137
	4-
. <u>*</u> . <u>*</u> .	. Time
(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.)

fer Valadao 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)