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Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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LIMITED LIABILITY COMPANY

sfl eats, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

3

EMPIRE  
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SFL Eats, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3811 Segovia Street  
Coral Gables, Florida 33134

**Mailing Address:**

3811 Segovia Street  
Coral Gables, Florida 33134

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

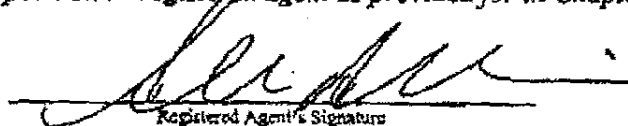
The name and the Florida street address of the registered agent are:

Thomas J. Palmieri  
Name

Thomas J. Palmieri, P.A.  
340 Minorca Avenue, Suite One  
Florida street address (P.O. Box NOT acceptable)

Coral Gables, Florida 33134  
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, Florida Statutes.*

  
Registered Agent's Signature

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**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:

MGR:

Derek Beckmann  
636 Broadway, Suite 300  
New York, NY 10012

MGR:

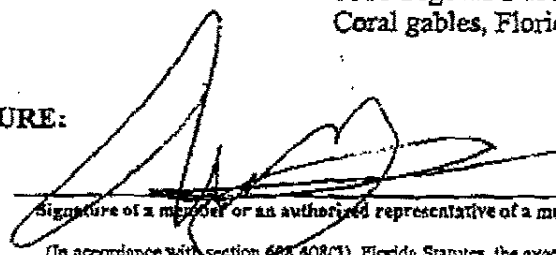
Joseph Ariel  
636 Broadway, Suite 300  
New York, NY 10012

MGR:

Michael Jack Zwerner  
3811 Segovia Street  
Coral gables, Florida 33134

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**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 603.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael Zwerner

Typed or printed name of signer

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