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2005 AUG 15 CORPORATIONS
DIVALCH OF CORPORATIONS

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Grown Folks Night Out, LLC

Thursday, August 11, 2005

Division Of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Please find enclosed the Articles of Organization for the newly formed, Grown Folks Night Out, LLC. The contact person is Mr. Bernard Veargis, of 1095 NW 58 Street, Miami, FL 33127 and the daytime phone number is 786.486.4366.

Thank you for your time and consideration regarding this matter.

Sincerely,

Bernard Veargis

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TRANSMITTAL LETTER

TO: Registration			
Division of	Corporations		E SE
SUBJECT:	Grown Folks	Night Out, LLC	
	(Name of Limite	d Liability Company)	SS
The enclosed Article	es of Organization and fee(s) are s	ubmitted for filing.	2005 AUG 15 FLORIDA DIVINITION OF FLORIDA
Please return all corr	respondence concerning this matte	er to the following:	20 P
		ernard Veargis	
	O	Name of Person)	
	Grown F	Folks Night Out, LLC	
		Firm/Company)	ngaya Markata ka
	1095 1	NW 58 Terrace (Address)	<u> </u>
		(Address)	
	Miar	ni, FL 33127	
	(City)	/State and Zip Code)	
For further informati	ion concerning this matter, please	call:	
Bernard Ve	argis	at (786) 486.4366	
(N	ame of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check	k for the following amount:		
3 \$125.00 Filing F	ee S130.00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
		(manifestation orpy to discussed)	(additional copy is enclosed)
ST	REET ADDRESS:	MAILING A	
Registration Section		Registration S	
	vision of Corporations 9 E. Gaines Street	Division of C P.O. Box 632	

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:	THE PARTY OF THE P
Grown Folks Night Out,LLC	#55 5 E
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company to
Principal Office Address:	Mailing Address:
1095 NW 58 Terrace Miami, FL 33127	1095 NW 58 Terrace Miami, FL 33127
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Bernard Vea	argis
Name	
1095 NW 58 Terrace	
Florida street addr	ress (P.O. Box NOT acceptable)
Miami, City, State, ar	FL 33/27 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..

egistered Agent's Signature

(CONTINUED)

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:
MGR	Bernard Veargis 1095 NW 58 Terrace Miami, FL 33127
	E TO SALION
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	1//=7
Signature of a men	becor an authorized representative of a member.
(In accordance with of this document cor	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)
	Bernard Veargis
	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)