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CORPORATION(S) NAME

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CAFE L	eon an	E, LLA	
			_
( ) Profit			_
( ) NonProfit	( ) Amendment	( ) Merger	
( ) Foreign	( ) Dissolution	( ) Mark	
( ) Limited Partnership	( ) Annual Report	(X)Other L.C.	
( ) Reinstatement	( ) Reservation	Change of Registered Agent	
X) Certified Copy	( ) Photo Copies	( ) Certificate Under Seal	_
	( ) Call If Problem	( ) After 4:30	
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Acknowledgment

W.P. Varifier

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**Empire** Toll Free: 1-800-432-3028

# **ARTICLES OF ORGANIZATION**

# For

## FLORIDA LIMITED LIABILITY COMPANY

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The name of the company shall be:

Cafe Leon Cafe, LLC

### ARTICLE II ADDRESS:

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

1747 S. Military Trail West Palm Beach, Florida 33406

#### ARTICLE III REGISTERED AGENT. REGISTERED OFFICE:

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

Micki S. O'Callaghan 1747 S. Military Trail West Palm Beach, Florida 33406

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

#### ARTICLE IV EFFECTIVE DATE:

The effective date of the Limited Liability Company is:

January 24, 2006

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.)

MICKI O'CALLAGA

Typed or printed name of signee