

106000012196

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H06000030304 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

FILED  
2006 FEB -2 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
06 FEB -2 AM 7:43  
DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**emily's deli shop, llc**

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

106-12196  
CR

Electronic Filing Menu Corporate Filing Menu

Help

H02000030304

3

ARTICLES OF ORGANIZATION  
OF  
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-NAME

The name of the Limited Liability Company is:

EMILY'S DELI SHOP, LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

16 WEST FLAGLER STREET  
MIAMI FL 33130

MAILING ADDRESS:

16 WEST FLAGLER STREET  
MIAMI FL 33130

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 FEB -2 AM 9:56

FILED

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

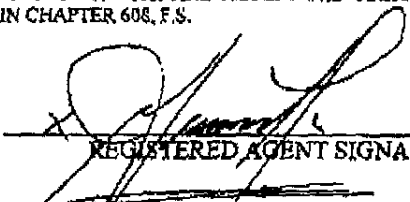
The name and the Florida street address of the registered agent are:

EUCLIDES PIMIENTA  
(NAME)

16 WEST FLAGLER STREET  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

MIAMI, FL 33130  
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 SIGNATURE

H02000030304

H100000030304

**ARTICLE IV - MANAGEMENT/MEMBER(S):**

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

MGR= EUCLIDES PIMENTA

16 WEST FLAGLER STREET MIAMI FLA 33130

MGR= MARIA PIMENTA

16 WEST FLAGLER STREET MIAMI FLA 33130

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

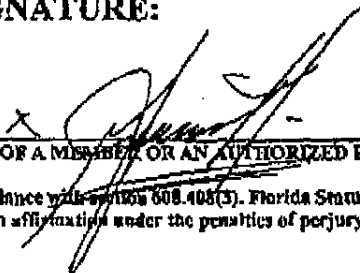
(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

2006 FEB -2 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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.)

**EUCLIDES PIMENTA**

Typed or printed name of signed

H100000030304