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COVER LETTER

	ration Section on of Corporations	-	
SUBJECT: A	•	UIPMENT & SUPPLIES, LLC	
	(Name of Limi	ted Liability Company)	
The enclosed A	urticles of Organization and fee(s) are	submitted for filing.	
Please return al	l correspondence concerning this mat	ter to the following:	2006 FEB 23 P
Thom	nas Sheen		FA
		(Name of Person)	B 2
Allied	Restaurant Equipment		3 PH
		(Firm/Company)	严. 0
5003	Mellon Court		ORIE C
		(Address)	70
Wind	lermere, FL 34786		÷
	(Ci	ty/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further info	ormation concerning this matter, pleas	e call:	
Thomas St	neen	at (407) 902-5908	
	(Name of Person)	(Area Code & Daytime Telephone)	Number)
Enclosed is a	check for the following amount:		
\$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	50.00 Filing Fee, icate of Status & fied Copy onal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: ALLIED RESTAURANT EQUIPMENT & SUPPLIES, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 5003 Mellon Court Windermere, FL 34786 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lawrence M. Kosto, Esq. Name 619 East Washington Street Fiorida street address (P.O. Box NOT acceptable) 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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:		Name and Address:	
"MGR" = Mana	nger		
	naging Member		
		· •	2000 FLORE
MGRM		Thomas Sheen	
		5003 Mellon Court	55
		Windermere, FL 34786	रूति ।
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LE V: Effective ffective date is li days after the d	Signature of a member of this document const that the facts stated I Thomas Sheen, Mgr	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	