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CAPITAL CONNECTION, INC.

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Tommy's	on Las o	olas, UC	THE STORE IN 2.1
*** **********************************			PSS SET OF THE PROPERTY OF THE
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			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
;			Photo Copy
			Certificate of Good Standing
			Certificate of Status
·			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
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ARTICLE I - Name:	FE ST
The name of the Limited Liability Comp	any is:
	any is:
TOMMY'S ON LAS OLAS, LLC	The second
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	A STATE OF THE STA
	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2005 SOUTH FEDERAL HIGHWAY	2005 SOUTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL. 33316	FORT LAUDERDALE, FL. 33316
The name and the Florida street address	•
	(G ESC)
WILLIAM S. ISENBER	
,	Name
2005 SOUTH FEDE	Name RAL HIGHWAY
2005 SOUTH FEDE Florida s	Name RAL HIGHWAY treet address (P.O. Box <u>NOT</u> acceptable)
2005 SOUTH FEDE Florida s FORT LAUDERDALE	Name RAL HIGHWAY treet address (P.O. Box <u>NOT</u> acceptable) FL 33316
2005 SOUTH FEDE Florida s FORT LAUDERDALE	Name RAL HIGHWAY treet address (P.O. Box NOT acceptable)
2005 SOUTH FEDE Florida s FORT LAUDERDALE City Having been named as registered agent a liability company at the place designal	Name RAL HIGHWAY treet address (P.O. Box <u>NOT</u> acceptable) FL 33316 , State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as
2005 SOUTH FEDE Florida s FORT LAUDERDALE City Having been named as registered agent a liability company at the place designal registered agent and agree to act in this company and the place agent and agree to act in this company at the place agent and agree to act in this company are provided to act in this company at the place agent and agree to act in this company are provided to act in the provide	Name RAL HIGHWAY treet address (P.O. Box NOT acceptable) FL 33316 , State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of an
2005 SOUTH FEDE Florida s FORT LAUDERDALE City Having been named as registered agent a liability company at the place designal registered agent and agree to act in this c statutes relating to the proper and comp	Name RAL HIGHWAY treet address (P.O. Box NOT acceptable) FL 33316 , State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of an olete performance of my duties, and I am familiar with and
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2005 SOUTH FEDE Florida s FORT LAUDERDALE City Having been named as registered agent a liability company at the place designal registered agent and agree to act in this c statutes relating to the proper and compaccept the obligations of my position of	Name RAL HIGHWAY treet address (P.O. Box NOT acceptable) FL 33316 , State, and Zip and to accept service of process for the above stated limited the service and the service and the service are appointment as a capacity. I further agree to comply with the provisions of a polete performance of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

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:
MGRM	PURVIN PUJARA
	2005 SOUTH FEDERAL HIGHWAY
	FORT LAUDERDALE, FL. 33316
MGRM	TOMMY PANETTA
	2005 SOUTH FEDERAL HIGHWAY
	FORT LAUDERDALE, FL. 33316
(Use attachment if necessary)	
LE V: Effective date, if other than t	the date of filing: (OPTION
fective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more than five business d
days after the date of hing.	\wedge
REQUIRED SIGNATURE:	
Signature of a men	nber or an authorized representative of a member.
(In accordance with of this document co	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)

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)

Typed or printed name of signee