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SECRETARY OF STATE OF STATE OF CORPORATIONS
DIVISION OF CORPORATIONS
OF NOV 28 PM 1:59

COVER LETTER

	egistration Section livision of Corporations	
SUBJECT	INTERSTATE GRILL, LLC	
	(Name of Limited Liability Company)	
The enclos	sed Articles of Organization and fee(s) are submitted for filing.	enter the total
Please retu	arn all correspondence concerning this matter to the following:	_
	Alfred Kempa (Name of Person)	SECRETARY CORPORATE OF WOY 28 PM 1:
	Interstate Gaill (Firm/Company)	28 PL
_	2708 Miracle Parkway	1:59
	Cape Coeal, Floeida 33914 (City/State and Zip Code)	
For further	r information concerning this matter, please call:	
Alfred	(Name of Person) at (239) 850 - 1462 (Area Code & Daytime Telephone Number)	un mengana palabah dari seringah sebagai da
Enclosed	is a check for the following amount:	
\$125.00	O Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$\bigcup \\$110.00 Filing Fee & Certified Copy (additional copy is enclosed)	s &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
(Must end with the words "Limited Liability Compar	ry, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Alfred 2108 Miracle Florida	Name Norkway street address (P.O. Box NOT acceptable)		
Cape Oceal Cir	FL 33914 ty, State, and Zip		
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	at and to accept service of process for the above stated limited anated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and an as registered agent as provided for in Chapter 608, F.S		

Registered Agent's Signature (REQUIRED)

(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: Title: "MGR" = Manager "MGRM" = Managing Member MGP. Alfred Kongo TOS Miracle Deknout Cape Corol | Florida 33914

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.)

Alfred Kempa
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)