

LD7000022368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

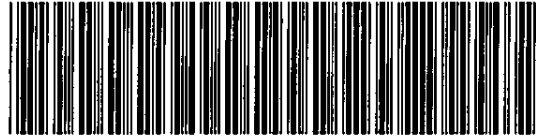
(Document Number)

Certified Copies _____ Certificates of Status _____

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02/26/07--01003--008 *\$130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 26 AM 11:04

Law Offices of Michael A. Shapiro

Alhambra International Center
255 Alhambra Circle, Suite 560
Coral Gables, Florida 33134
Tel: (305) 854-6666
Fax: (305) 856-7634

February 19, 2007

Via Priority U.S. Mail

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Tropical Grille, L.L.C.

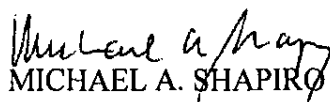
Gentlepersons:

Enclosed please find Articles of Organization for Tropical Grille, L.L.C. Please file the enclosed and forward a Certificate of Status to the undersigned in the stamped, self-addressed envelope enclosed.

My check in the sum of \$130.00 is enclosed as your fee for filing the Articles (\$125.00) and the Certificate of Status (\$5.00).

Thank you very much for your prompt attention to the foregoing.

Sincerely yours,


MICHAEL A. SHAPIRO
MAS/s

Enclosures

cc: Ralph E. and Megileen Haspil

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TROPICAL GRILLE, L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

374 Olsen Street, N.W.
Palm Bay, Florida 32908

Mailing Address:

374 Olsen Street, N.W.
Palm Bay, Florida 32908

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:

RALPH E. HASPIL

Name

374 Olsen Street, N.W.

Florida street address (P.O. Box **NOT** acceptable)

Palm Bay, FL 32908

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's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATIONS
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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

Name and Address:

MGRM

RALPH E. HASPIL

374 Olsen Street

Palm Bay, Florida 32908

MGRM

MEGILEEN HASPIL

374 Olsen Street

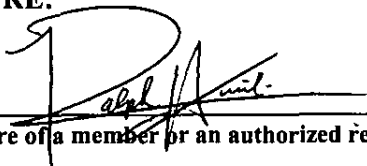
Palm Bay, Florida 32908

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

RALPH E. HASPIL

Typed or printed name of signer

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)