L07000081708

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| · |
| |
| |

Office Use Only



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08/08/07--01021--025 **160.00

2007 AUG -8 PH 3: 45
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

A1ACORP.COM

America's #1
Incorporation Service
Tel 800.494.3124
Fax 305.675.2811
inc@a1acorp.com

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

TO WHOM IT MAY CONCERN,

Please file the enclosed DBA Cancellation / Registration for Arlen House Mini Market

Once cancelled please mail acknowledgement back to us to:

A1A CORPORATE SERVICES INC. 6901 OKEECHOBEE BLVD. # J 5 WEST PALM BEACH, FL 33411

Enclosed is a check for \$50.00 payable to Florida Secretary of State.

If you have any questions you can reach me by email at inc@a1acorp.com or you can call me at 1-800-494-3124.

Best Regards,

Lucy Martin
A1A Corporate Services Inc.

Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

| The name of the "Other Business Entity" immediately prior to the filing of this | | |
|--|--|--|
| Certificate of Conversion is: ALLEY BAR 1435 CO. | | |
| (Enter Name of Other Business Entity) | | |
| 2. The "Other Business Entity" is a Corporation | | |
| (Enter entity type. Example: corporation, limited partnership, sole proprietorship general partnership, common law or business trust, etc.) | | |
| first organized, formed or incorporated under the laws of FLORIDA | | |
| (Enter state, or if a non-U.S. entity, the name of the country) | | |
| on 05/11/2007 . | | |
| (Enter date "Other Business Entity" was first organized, formed or incorporated) | | |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: | | |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: | | |
| ALLEY BAR 1435, LLC | | |
| (Enter Name of Florida Limited Liability Company) | | |

Page 1 of 2

| 5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) |
|--|
| Signed this 12TH day of JULY 20 07 |
| Signature of Authorized Person: |
| Printed Name: MONICA SERRADEL Title: Director |
| |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLEY BAR 1435, LLC

(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:

Mailing Address:

1435 COLLINS AVE

MIAMI BEACH FL 33139

1435 COLLINS AVE

MIAMI BEACH FL 33139

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:

MONICA SERRADEL

8101 SW 14THSTREET

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

PALMETTO BAY FL
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

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 | Name and Address: |
|--|--|
| "MGRM" = Managing Member | |
| MGRM | MONICA SERRADEL |
| -, | 8101 SW 14TH STREET |
| | PALMETTO BAY FL 33158 |
| MGRM | 41 5 14 NOBO 00 DD54 |
| IVIGRIVI | ALEJANDRO CORREA |
| | 1660 NE 191 STREET #107 |
| | NORTH MIAMI BEACH FL 33179 |
| MGRM | JOSE L. PAIPA |
| | 17021 N BAY ROAD |
| | SUNNY ISLES BEACH FL 33160 |
| | |
| MGRM | MICHAEL T. WHARTON |
| | 1435 COLLINS AVE |
| | MIAMI BEACH FL 33139 |
| | (Use attachment if necessary) |
| LE V: Effective date, if other than NAL) ffective date is listed, the date m and a days prior to or 90 days after the days af | ust be specific and cannot be more than five |
| REQUIRED SIGNATURE: | |
| | collect |
| Signature of a member or ar | authorized representative of a member. |
| (In accordance with section 6 | 508.408(3), Florida Statutes, the execution |

Typed or printed name of signee

MONICA SERRADEL