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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF ORGANIZATION FOR

Blowfish Sushi Restaurant, L.L.C.

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is Blowfish Sushi Restaurant, L.L.C.

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 5731 Seminole Blvd., Seminole, FL 33772

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Joseph A. DiVito, DiVito & Higham, P.A., 4514 Central Avenue, St. Petersburg, Florida 33711

ARTICLE IV: MANAGING MEMBERS

The name and address of the initial Managing Members of the company are:

Sok Mov, Managing Member, 5731 Seminole Blvd., Seminole, FL 33772

Lawrence Bonetti, Managing Member, 5731 Seminole Blvd., Seminole, FL 33772

The undersigned has executed these Articles of Organization this 28th day of September 2007.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

Authorized Representative

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1.	The name of the company is:	Blowfish	Sushi	Restaurant,	L.L.C.
					
2.	The name and address of the registered a	_			
	Joseph A. DiVito, DiVi	to & Higha	m, P.A	• 1	
	4514 Central Avenue, S	t. Petersb	urg, F	lorida 33711	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.