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COVER LETTER

TO:	Registration Se Division of Cor						
SUBJ	ECT: The Pit	a Grille					
		(Name of Limited	l Liability Comp	any)			
The er	aclosed Articles of	Organization and fee(s) are su	abmitted for filin	g.			
Please	return all correspo	ndence concerning this matte	r to the following	g:			
	Adib Sallou	m					
		0	Name of Person)				
	The Pita G	rille			TAI S	0	
		(1	Firm/Company)		E CRE	200	.
	12100 U.S. Highway 1 Suite A						-
			(Address)			3	i Py
North Palm Beach, FL 33408							
		(City/	State and Zip Cod	le)	NO. A	*****	-
For fu	rther information c	oncerning this matter, please	call:				
Mar	ie Salloum		_{at (} 561	, 659-732	2		
	(Name	of Person)		de & Daytime Tel	ephone Number)		
Enclo	sed is a check for	r the following amount:					
□ \$125	5.00 Filing Fee	\$130.00 Filing Fee & [Certificate of Status	\$155.00 Fili Certified Co (additional co	•	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	atus &)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address tion Section n of Corporations Building tecutive Center (see, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	v is:	
The Pita Grille LLC	iability Company, "L.L.C.," or "LLC.")	
(which can with the words Thurst I	natinity Company, L.L.C., or LEC.	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
Coconut Cay Shoppes	327 5th Street	
12100 U.S. Highway 1 Suite A	West Palm Beach, FL 33401	
North Palm Beach, FL 33408		
12100 U.S. Highwa	he registered agent are: ame ay 1 Suite A t address (P.O. Box <u>NOT</u> acceptable)	TOTOGT 16 AM II: 11 SECRETAND OF STATE ALLAHASSEE, FLORIDA
	ite, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process for the in this certificate, I hereby accept to acity. I further agree to comply with e performance of my duties, and I a registered agent as provided for in C	he appointment as h the provisions of all m familiar with and
Registered Agent's Si	gnature (REOUIRED)	

(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 Marie Salloum 12100 U.S. Highway 1 Suite A North Palm Beach, FL 33408 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling: (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 filling.)

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 perjugation that the facts stated herein are true.)

Marie Salloum

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)