

L07000111614

David L. Kout, P.A.
(Requestor's Name)

9000 Sheridan St
(Address)

Ste 102
(Address)

Pembroke Pines FL 33024
(City/State/Zip/Phone #)

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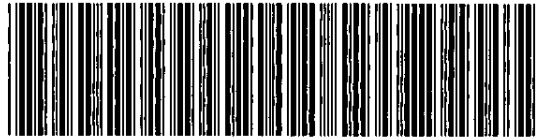
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKYBOX CAFE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID L. KOUT, P.A.

(Name of Person)

(Firm/Company)

9000 SHERIDAN ST. SUITE 102

(Address)

PEMBROKE PINES FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION

OF

SKYBOX CAFE, LLC

The undersigned, for the purpose of forming a limited liability company under Chapter 608, Florida Statutes hereby adopt the following articles of organization:

ARTICLE I
NAME

The name of the limited liability company is SKYBOX CAFE, LLC.

ARTICLE II
DURATION

The term of existence of the corporation is perpetual.

ARTICLE III
PURPOSE

The limited liability may transact any and all lawful business for which limited liability companies may be organized under the Chapter 608, Florida Statutes.

ARTICLE IV
REGISTERED OFFICE

The street address and mailing address of the initial registered office and principal place of business of the limited liability company is 100 W. Cypress Creek Rd., Suite 835, Ft. Lauderdale, Florida 33309 and the name of the initial registered agent at that address is SANDRO TORCHIA.

ARTICLE V
MANAGING MEMBERS

7.01. The name and address of each manager or Managing Member is:

Name	Address
SANDRO TORCHIA	100 W. Cypress Creek Rd. Suite 835 Ft. Lauderdale, Florida 33309
MARYANNE TORCHIA	100 W. Cypress Creek Rd. Suite 835 Ft. Lauderdale, Florida 33309

ARTICLE VI
COMMENCEMENT OF EXISTENCE

The limited liability company shall commence it's existence on the date of the filing of these articles.

IN WITNESS WHEREOF, I have subscribed my name this 29th day of October, 2007.



SANDRO TORCHIA, Managing Member

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STATE OF FLORIDA

DEPARTMENT OF STATE

Certificate Designating Place of Business or Domicile for the
Service of Process Within this State and Naming Agent upon
Whom Process may be Served.

The following is submitted in compliance with Chapter
608, Florida Statutes:

SKYBOX CAFE, LLC, a limited liability company organizing
under the laws of the State of Florida with it's principal
office at 100 W. Cypress Creek Rd., Suite 835 in the city of
Ft. Lauderdale, County of Broward and State of Florida, has
named SANDRO TORCHIA located at 100 W. Cypress Creek Rd.,
Suite 835, City of Ft. Lauderdale, County of Broward and
State of Florida, as its agent to accept service of process
within this state.

ACCEPTANCE:

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.


SANDRO TORCHIA, Registered
Agent

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