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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan   MAR 1 0 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A New York Minute Cafe
(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:

Tracey E. Fosmo
(Name of Person)

A New York Minute Cafe
(Firm/Company)

1102 Croton Place
(Address)

Celebration, Florida 34747
(City/State and Zip Code)

For further information concerning this matter, please call:

Tracey Fosmo   at (407) 791-6543
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☑ $160.00 Filing Fee,
                         Certificate of Status   Certified Copy   Certificate of Status &
                                                    (additional copy is enclosed)   Certified Copy
                                                                              (additional copy is enclosed)

Mailing Address   Street/Courier Address
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                               Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

A New York Minute Cafe, LLC

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

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1420 Celebration Blvd
Celebration, FL 34747

Mailing Address:

1102 Croton Place
Celebration, FL 34747

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:
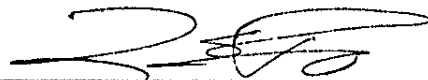
Tracey E. Fosmo
Name

1102 Croton Place
Florida street address (P.O. Box **NOT** acceptable)

Celebration   FL 34747
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)

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08 MAR -7 PM 2:31
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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

Name and Address:

MGRM

Tracey E. Fosmo
1102 Croton Place
Celebration, Florida 34747

(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.)

Tracey E Fosmo
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)

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