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To: Division of Corporations  
Fax Number : (850) 617-6383  
From: *Angelica M. Chiron*  
Account Name : AKERMAN SENTERFITT (MIAMI)  
Account Number : 075471001363  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**THE ORIGINAL FLORIDA TAP ROOM, LLC**

Certificate of Status	0
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**FAX AUDIT No. H08000091049**

**ARTICLES OF ORGANIZATION  
FOR  
THE ORIGINAL FLORIDA TAP ROOM, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: The Original Florida Tap Room, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 1800 South Ocean Blvd., Suite 1311, Lauderdale By The Sea, FL 33062.

**ARTICLE III - Registered Agent and Registered Office:**

The name and the Florida street address of the registered agent are:

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301

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**ARTICLE IV - Manager:**

The management of the limited liability company is vested in one manager whose name and address are as follows: Gary Butler, 1800 South Ocean Blvd., Suite 1311, Lauderdale By The Sea, FL 33062.

Signed and dated this 9th day of April, 2008.



\_\_\_\_\_  
Ronald Kriss  
Authorized representative of the Member(s)

**FAX AUDIT No. H08000091049**

FAX AUDIT # H08000091049



800-388-2123

**ACCEPTANCE OF REGISTERED AGENT DESIGNATION FOR:  
THE ORIGINAL FLORIDA TAP ROOM, LLC**

Having been named as registered agent and to accept service of process for the aforementioned entity 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 provision 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.

CorpDirect Agents, Inc.

A handwritten signature in black ink, appearing to read "Kevin R. Roberts", written over a horizontal line.

By:  
Its Agent: Kevin R. Roberts

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