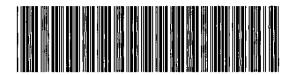
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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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SECRETARY OF STATE

COVER LETTER

	tration Section on of Corporations	•
SUBJECT: _	Cafe Tycoon LLC (Name of Limi	ited Liability Company)
The enclosed A	articles of Organization and fee(s) are	
	I correspondence concerning this ma	-
	Allen S. Pesmen	
		(Name of Person)
	Law Offices of Aller	n S. Pesmen P.C.
		(Firm/Company)
	977 Lakeview Parkway	, Suite 150
	·	(Address)
	Norman Hills II 60	0061-1476
	•	ity/State and Zip Code)
	ormation concerning this matter, pleases. Pesmen	
	(Name of Person)	at (847) 367-4466 (Area Code & Daytime Telephone Number)
	check for the following amount: ng Fee: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir	ne: nited Liability Compa	anv is:		
		,		
	Cafe Tycoon	LLC		
(Mus	et end with the words "Limite	d Liability Comp	oany, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		the principal	office of the Limite	ed Liability Company is:
Principal Office A	ddress:	<u>Mail</u>	ing Address:	
	ewater Avenue 33332		379 W. Whitewate eston, FL 33332	
The Limited Liability Corbusiness entity with an ac	gistered Agent, Regis mpany cannot serve as its own ctive Florida registration.) lorida street address o Harrison Tamor	n Registered Age	ent. You must designate ar	n individual or another 08 APR 14
	4250	Name		PH 2
-	4379 W. Whitew		ue O. Box <u>NOT</u> acceptable	2: 20 STATE LORID
	Weston,	FL.	33332	⊅' `
•	City,	State, and Zip		
liability company registered agent and statutes relating to	y at the place designated d agree to act in this co	ed in this cert apacity. I fur lete performa	tificate, I hereby according the agree to comply nee of my duties, and agent as provided for	or the above stated limited ept the appointment as with the provisions of all d I am familiar with and r in Chapter 608, F.S

(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	Name and Address:
MGRM	Harrison Tamone
 	4379 W. Whitewater Avenue Weston, FL 33332
MGRM	Bradley Marcus
	7513 Magenta Lane Austin, TX 78739
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: $\frac{\partial \mathcal{L}}{\partial \mathcal{L}} = \frac{\partial \mathcal{L}}{\partial \mathcal{L}} = \frac{\partial \mathcal{L}}{\partial \mathcal{L}}$. (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.) Harrison Tamone 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)