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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

DADDY BONES BAR-B-Q LLC

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

DADDY BONES BAR-B-Q LLC

ARTICLE II ADDRESS

The street address of the principal office of the Limited Liability Company is:

2502 N ROOSEVELT BOULEVARD

KEY WEST, FLORIDA 33040

The mailing address of the Limited Liability Company is:

PO BOX 4057

KEY WEST, FLORIDA 33041

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.

5647 110TH AVENUE NORTH

ROYAL PALM BEACH, FLORIDA 33411

Having been named as registered agent 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.

x *Timothy Mak* *TIMMAKI PRES 10/21/08*
A1A REGISTERED AGENT INC. Registered Agent's signature

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DADDY BONES BAR-B-Q LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
JONATHAN C OSBURN
PO BOX 4057
KEY WEST, FLORIDA 33041

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.....

X 

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.

JONATHAN C OSBURN

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