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Florida Department of State
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To:
Division of Corporations
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From:
Account Name : CSH SERVICES, LLC
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Phone : (800) 494-3124
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Fork and Knife, LLC

Certificate of Status	0
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EXAMINER

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

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

FORK AND KNIFE, LLC

ARTICLE II ADDRESS

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

801 SOUTH OLIVE AVENUE #1116
WEST PALM BEACH, FLORIDA 33401

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

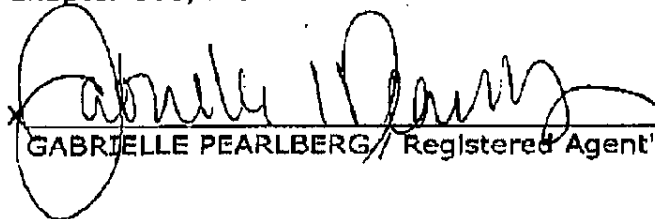
The name and the Florida street address of the registered agent are:

GABRIELLE PEARLBERG
801 SOUTH OLIVE AVENUE #1116
WEST PALM BEACH, FLORIDA 33401

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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.



GABRIELLE PEARLBERG, Registered Agent's signature

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FORK AND KNIFE, 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

GABRIELLE PEARLBERG

801 SOUTH OLIVE AVENUE #1116

WEST PALM BEACH, FLORIDA 33401

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.

GABRIELLE PEARLBERG

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