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SECRETARY OF STATE

C. LEWIS

APR 1 3 2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

	SUBJECT: MAMA ASIAN NOODLE BAR LLC			
	(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:			
	Barry M. Sickles, Esq.			
(Name of Person)				
	Law Office of Barry M. Sickles			
	(Firm/Company)			
3300 University Drive, Ste 712				
	(Address)			
	Coral Springs, FL 33065			
(City/State and Zip Code)				
	For further information concerning this matter, please call:			
	Barry M. Sickles, Esq. at (954-) 255-9551 (Name of Person) (Area Code & Daytime Telephone Number)			
	(Name of Person) (Area Code & Daytime Telephone Number)			
	Enclosed is a check for the following amount:			
V	Z\$125.00 Filing Fee U\$130.00 Filing Fee & U\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar	ne:		
The name of the Li	imited Liability Company	is:	
	NOODLE BAR LLC		
(Mı	ist end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	dress:		
The mailing address	ss and street address of the	principal office of the Limited Liability Company is:	
Principal Office A	<u>.ddress:</u>	Mailing Address:	
11002 NW 81st	Manor	11002 NW 81st Manor	
Parkind, FL 3	3076	Parkland, FL 33076	
	· · · · · · · · · · · · · · · · · · ·		
(The Limited Liability Co business entity with an a		mo p	
Nat		ne STA	
Florida street address (P.O. Box NOT acceptable)		Drive, Ste 712	
		address (P.O. Box NOT acceptable)	
	Coral Springs	FL 33065	
	City, State	e, and Zip	
liability compai registered agent ai statutes relating i	ny at the place designated in nd agree to act in this capac to the proper and complete	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S	
	DV.		

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: FILED Title: Name and Address: 2009 APR 10 AH 11: 09 "MGR" = Manager "MGRM" = Managing Member SECRETARY OF STATE Litta Pon Luong MCRM 11002 NW 81st Manor Parkland, FL 33076 MGR Kamonwan Pawansin 417 NW 27th Street Wilton Manors, FL 33311 Naradol Semukdha MGR 4711 SW 25th Avenue Fort Lauderdale, FL 33312 MGR Karawat Hiranwong 1500 NE 6th Court #1 Fort Lauderdale, FL 33304 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: APRIC 10, VOS . (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.)

Litta Pon Luong

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)