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N. Culligan DEC 1 5 2010

COVER LETTER

TO:			n Section Corporations	·
CIID I	ECT:	ROC	CK N ROLL RIBS,	LLC
SUBJ	ECT			led Liability Company
Tha a	nalocad	Article	s of Organization and fec(s) are	submitted for filing
			espondence concerning this mat	
ricase	return	an com	espondence concerning this mac	ter to the following.
	<u>MI</u>	ГСН	TANNE	Name of Person
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	RC	UKI	N ROLL RIBS, INC	Firm/Company
	011	-		
	<u>C/(</u>	J 625	95 SHADOWTREE	Address
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	<u>LAK</u>	E W	ORTH, FL 33463	ty/State and Zip Code
r	MTA	NNE	@GMAIL.COM	
			E-mail address: (to be used	for future annual report notification)
For fu	irther in	ıformati	on concerning this matter, pleas	e call:
MIT	СН Т	ANNI	Ξ	at (954) 647-2457
		Na	ne of Person	Area Code & Daytime Telephone Number
Enclo	sed is	a check	for the following amount:	
\$125.0	00 Fifir	g Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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



December 6, 2010

MITCH TANNE ROCK N ROLL RIBS INC. C/O 6295 SHADOWTREE LANE LAKE WORTH, FL 33463

SUBJECT: ROCK N ROLL RIBS, LLC

Ref. Number: W10000056435

We have received your document for ROCK N ROLL RIBS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable because it is the same as or not distinguishable from on existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 510A00028233

ROCK N ROLL RIBS

Mitch Tanne, President 6295 Shadow Tree Lane Lake Worth, FL 33463 (954) 647-2457- Direct (877) 557-2997 - Fax Direct

Email: Rocknrollribs@gmail.com

Décember 13, 2010

Neysa Culligan Regulatory Specialist II Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

IN RE: ROCK N ROLL RIBS, LLC REF. NUMBER: W10000056435 LETTER NUMBER: 510A00028233

Good Day:

This letter is I regard to the above referenced numbers. I have also enclosed a copy your letter dated 6, December 2010, as well as a copy of the Articles of Incorporation Papers for you as well, per your additional request.

Rock N Roll Ribs, LLC has the same principals as Rock N Roll Ribs, Inc as shown on the Articles of Incorporation themselves. The association is the same with all parties involved.

Thank you for taking the time to bring this to our attention. Should there be any further questions, or should you desire any other information, please feel free to call upon me at any time.

ery truly yours,

itch Tanne, President

Rock N Roll Ribs

"Where BBQ Meets Metal"

Corporate Office: 4651 N. State Road 7 Unit 1 Coral Springs, FL 33073 (954) 345-7429

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	TICL	E I	-	Nam	e:
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The name of the Limited Liability Company is:

ROCK N ROLL RIBS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
C/O 4651 N. STATE ROAD 7	C/O MITCH TANNE
UNIT #1	6295 SHADOWTREE LANE
CORAL SPRINGS, FL 33076	LAKE WORTH, FL 33463

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

RICHARD GOLDMAN
Name

4424 NW 113TH WAY

Florida street address (P.O. Box NOT acceptable)

CORAL SPRINGS FL 33065

City, State, and Zip

Having been named as registered agent and 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..

Registered Agent's Signature (REQUIRED)

(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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	er -
managing memo	.
MGR	Michael Henry McBrain
	C/O 6295 Shadowtree Lane
	Lake Worth, FL 33463
MGRM	Mitch Tanne
	C/O 6295 Shadowtree Lane
	Lake Worth, FL 33463
(Headtachmant if nogregom)	
(Use attachment if necessary)	
TICLE V: Effective date, if other	than the date of filing: (OPTIONAL)
	must be specific and cannot be more than five business days prior
or 90 days after the date of filing.)	
-	
	<u> </u>
REQUIRED SIGNATURE:	
////	
4////	DEC DEC
Signature of	a member or an authorized representative of a member.
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(In accordance with se	ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.
r am aware mar any ra	use information submitted in a document to the Department of State
constitutes a third deg	ree felony as provided for in s.817.155, F.S.)
MITCH	TANNE - MGRM
	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)