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COVER LETTER

TO: Registration Division of C			
SURJECT: Brund	ch Shack, LLC		
30 0 000.		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	spondence concerning this matt	er to the following:	
Michelle	Duda		
		Name of Person	
Brunch S	Shack, LLC		
-		Firm/Company	
855 S No	ova Rd		
		Address	
Ormond B	each, Fl 32174		
		y/State and Zip Code	
brunchsha	ck@att.net		
	E-mail address: (to be used f	or future annual report notification)	
For further information	n concerning this matter, please	e call:	
Michelle Duda		at (386) 316-8050	
Name	e of Person	Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:		
√ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &
·	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 - Name: The name of the Limited Liability Company is: Brunch Shack (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: **Mailing Address: Principal Office Address:** 855 S Nova Rd 855 S Nova Rd Ormond Beach, Fl 32174 Ormond Beach, Fl 32174 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: Michelle Duda Name

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.

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

855 S Nova Rd

Ormond Beach, Fl 32174 FL

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member Michelle Duda 855 S Nova Rd Ormond Beach, Fl 32174 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONA effective date is listed, the date must be specific and cannot be more than five business days) 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	"MGRM" = Managing Member Michelle Duda 855 S Nova Rd Ormond Beach, Fl 32174 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	Title:	Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGR" = Manager "MGRM" = Managing Member	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR	Michelle Duda
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Michelle Duda			
MICHEIE Duca	Typed or printed name of signee	1 P : 1: : 0	

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)