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Special Instructions to	Filing Officer:	

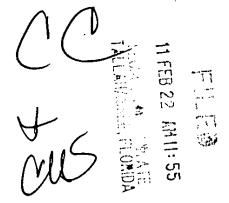
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N. CAUSSEAUX

FEB 23 2011

EXAMINER

COVER LETTER

TO: Registration Solvision of Co		
SUBJECT: B	Restaurant Concepts, LLC Name of Limited Liability Company	
The enclosed Articles of	Organization and fee(s) are submitted for filing.	
Please return all correspondent	ondence concerning this matter to the following:	
	Bryan Baer Name of Person	_
BŁ	B Restaurant Concepts, LLC Firm/Company	_
	6 W Royal Palm Cir Apt 106 Address	_
	Jupiter, F1 33458-7877 City/State and Zip Code	_
	bryan phaer 6 9mail, com E-mail address: (to be used for future annual report notification)	_
For further information	concerning this matter, please call:	
Bryun Name	at (615) 579-3374 Area Code & Daytime Telephone Number	
Enclosed is a check for	r the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Status \$155.00 Filing Fee & Status \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 - Name: The name of the Limited Liability Company is:
B&B Restaurant Concepts, 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:
5850 NW 72 CT 5850 NW 72 CT Parkland F1, 33067
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:
Bryan Baer Name
Name 116 W Royul Palm Cir Apt 106 Florida street address (P.O. Box NOT acceptable) Jupiter FL 33458-7877 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
M_{Ω}
Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

<u>Γitle:</u>	Name and Address:
'MGR" = Manager	Transcription of the second of
'MGRM" = Managing Member	
4. 0. 0	
MOR	Bryan Baer
	116 W ROYAL Palm Cir Apt 1
	<u> </u>
MGR	Mrchael Buckner
	<u>5850 NW 72 CT Parkland</u> 33067
	33007
MGRM	Philip Baer
	394 West Outh Rd-
	- Washington II, 61571
.E V: Effective date, if other tha	in the date of filing: (OPTIC
Use attachment if necessary) LE V: Effective date, if other thate fective date is listed, the date mays after the date of filing.) REQUIRED SIGNATURE:	on the date of filing: (OPTIC ust be specific and cannot be more than five business
LE V: Effective date, if other that exercise date is listed, the date may after the date of filing.)	un the date of filing: (OPTIC ust be specific and cannot be more than five business
EV: Effective date, if other that ective date is listed, the date mays after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business
LE V: Effective date, if other that ective date is listed, the date may after the date of filing.) REQUIRED SIGNATURE: Signature of a matter of a ma	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true
LE V: Effective date, if other that ective date is listed, the date may after the date of filing.) REQUIRED SIGNATURE: Signature of a magnitude of the constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other that ective date is listed, the date may after the date of filing.) REQUIRED SIGNATURE: Signature of a magnitude of the constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. on 608.408(2), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State
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