B. KOHR

MAR 2 9 2011

EXAMINER

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	TIAW [MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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ACCOUNT NO. : I2000000195

REFERENCE: 724481 7498792
AUTHORIZATION : Tresselence
COST LIMIT : \$125.00
ORDER DATE: March 28, 2011
ORDER TIME : 3:15 PM
ORDER NO. : 724481-005
CUSTOMER NO: 7498792
DOMESTIC FILING
NAME: SPOONFUL MANAGEMENT MIAMI, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Spoonful Management Miami, 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:	
8000 Beverly Blvd.	8000 Beverly Blvd.	
Los Angeles, CA 90048	Los Angeles, CA 90048	_
		_

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:

Corporation Se	rvice Company
	Name
1201 Hays Stre	et
F	lorida street address (P.O. Box NOT acceptable)
Tallahassce	FL 32301
	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..

Corporation Service Company

By:

Registered Agent's Signature (REQUIRED)

Troy Todd
as its agent

(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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Men Manager	SBE Restaurant Group, LLC
***************************************	6000 Beverly Bivd.
	Los Angeles, CA 90048
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(Use attachment if necessary	v)
	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days p .)
REQUIRED SIGNATURE	Ξ :
L	luci mas
	f a member or an authorized representative of a member.
constitutes an affirm I am aware that any	section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)

Nikki Mark

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)