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SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Patty's on Main, LLC	
		ed Liability Company
The er	nclosed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this mat	ter to the following:
	Harry Walia	
	•	Name of Person
	Patty's on Main, LLC	
		Firm/Company
	P.O. Box 1974	
		Address
	Venice, FL 34284	
		ty/State and Zip Code
	harrywalia@aol.com E-mail address: (to be used	for future annual report notification)
For fu	rther information concerning this matter, pleas	e call:
Dian	a Pankova, Esq.	at (727) 512-0371
	Name of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:	
√ \$125.00	O Filing Fee \$\int\\$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nai	ne:
The name of the L	imited Liability Company is:
Patty's On N	Лain, LLC
(M	ust 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:
1400 Main Street	P.O. Box 1974
Sarasota, FL 34236	Venice, FL 34284

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:

Pankova Law G	iroup, PL
	Name
2519 McMu	llen Booth Rd.
Florida	a street address (P.O. Box <u>NOT</u> acceptable)
Clearwater	_{FL} 33761
	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

SECRETARY OF STATE ALLIANASSEE, FI ORIGINA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Harry Walia
	639 Cornwell on the Gulf
	Venice, FL 34285
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing: (OPTIONAL) e specific and cannot be more than five business days p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business days p
CLE V: Effective date, if other than the effective date is listed, the date must be 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	
CLE V: Effective date, if other than the effective date is listed, the date must be 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

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)