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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gullyan FEB 16 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cornell Restaurant Ventres, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry J. Stein

Name of Person

Firm/Company

848 Brickell Key Drive, Unit 2006

Address

Miami, FL 33131

City/State and Zip Code

barrystein@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry J. Stein

Name of Person

at ( 786 )

218-4077

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

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**ARTICLES OF ORGANIZATION  
OF  
Cornell Restaurant Ventures, LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: Cornell Restaurant Ventures, LLC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
3411 N Federal Hwy, Oakland Park, Florida 33306.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717. Located in the County of Leon.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: Perpetual.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managers and the name and address of the manager of the Limited Liability Company is:  
Michael J. Peter, 3365 N Federal Hwy, Oakland Park, Florida 33306

FILED  
JAN 20 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Date: January 20, 2012

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

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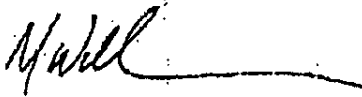
**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: *Cornell Restaurant Ventures, LLC*

The name and address of the registered agent and office is Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.



Signature: \_\_\_\_\_  
Mark Williams, A.V.P. Business Filings Incorporated

Date: January 20, 2012

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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Cornell Restaurant Ventures, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article V incorrectly names the Manager and the Manager's address.

The corrected last line of Article V is:

Laird M. Boles, Jr., 3365 N. Federal Hwy. Oakland Park, Florida 33306

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: February 13, 2012.

*Barry J. Stein*

Signature of a member or authorized representative of a member

Barry J. Stein, Authorized Representative of the members

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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