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COVER LETTER

TO: **Registration Section Division of Corporations** Eat Kale LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jason Zielinski, Esq. Name of Person Zielinski & Associates, PA Firm/Company 800 E. Broward Blvd. Suite 702 Fort Lauderdale, FL 33301 City/State and Zip Code izielinski@zielinski-associates.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jason Zielinski Name of Person Enclosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Street/Courier Address Mailing Address** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Est Valo III C				
Eat Kale LLC	fust end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")		
		, , , , , , , , , , , , , , , , , , , ,		
ARTICLE II - A				
The mailing addre	ess and street address of the	principal office of the Limited Li	iability Co	mpany is
Principal Office	Address:	Mailing Address:		
2300 E. Las Olas Blvo	3	2300 E. Las Olas Blvd		
5th Floor		5th Floor		
Ft. Lauderdale, FL 33	301	Ft. Lauderdale, FL 33301		
			20	
	Jason Zielinski, Esq. Nai	me		3 SEP 2:
	Nai 800 E. Broward Blvd. Suite 70	2		3 SEP 23
	Nai 800 E. Broward Blvd. Suite 70: Florida street	2 address (P.O. Box <u>NOT</u> acceptable)) SEP 23 AK
	Nai 800 E. Broward Blvd. Suite 70 Florida street Fort Lauderdale, FL 33	2 address (P.O. Box <u>NOT</u> acceptable) 301 _{FL}		EP 23 #KID:
	Nai 800 E. Broward Blvd. Suite 70 Florida street Fort Lauderdale, FL 33	2 address (P.O. Box <u>NOT</u> acceptable)	LANASSE FISAGE	FP 23

Page 1 of 2

(CONTINUED)

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

MGRM Cathy Brewer DeFrancesco 3300 £ LAS OLAS BLUD SH FLR ET LAUDER DALLE FL 33301 Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIC fective date is listed, the date must be specific and cannot be more than five bus or 90 days after the date of filing.) REQUIRED SIGNATURE:	Title:	Name and Address:
Use attachment if necessary) LE V: Effective date, if other than the date of filing: Signalare of a member or an authorized representative of a member. Signalare of a member or an authorized representative of a member. (In accordance with section 608.408(3). Florida Statutes, the execution of this document to 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 at a third degree felony as provided for in s.817.155. F.S.) Jason Zielinski, Esq Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"MGR" = Manager "MGRM" = Managing Member	
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