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(Requestor's Name)

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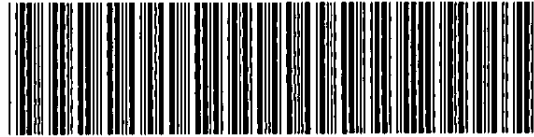
(Business Entity Name)

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JUN 25 2014

J. BRUCE

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET

ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 06/24/2014

REF. #: 6849236.9188568

CORP. NAME: GRILL 165, LLC

☐ ARTICLES OF INCORPORATION ☐ ARTICLES OF AMENDMENT ☐ ARTICLES OF DISSOLUTION

☐ ANNUAL REPORT ☐ TRADEMARK/SERVICE MARK ☐ FICTITIOUS NAME

☐ FOREIGN QUALIFICATION ☐ LIMITED PARTNERSHIP ☒ LIMITED LIABILITY

☐ REINSTATEMENT ☐ MERGER ☐ WITHDRAWAL

☐ CERTIFICATE OF CANCELLATION

☐ OTHER:

STATE FEES PREPAID WITH CHECK # 70022425 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

☒ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

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TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION
OF
GRILL 165, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **GRILL 165, LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**15600 NW 15th Avenue
Suite C
Miami, Florida 33169**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324**

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 605, F.S.

NRAI SERVICES, INC., as Registered Agent



Name: Michele Holden

Title: Asst. Secretary

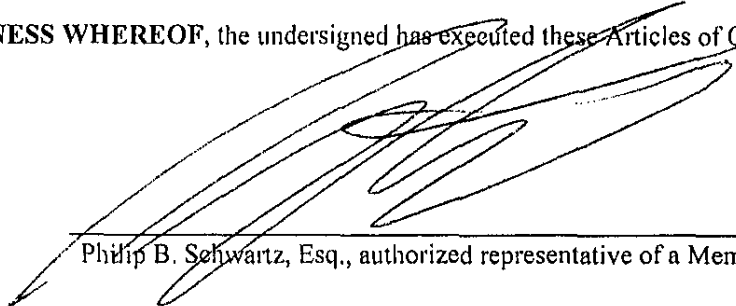
ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Alfredo Salas 15600 NW 15 th Avenue, Suite C Miami, Florida 33169
MGR	Omer Sezer 15600 NW 15 th Avenue, Suite C Miami, Florida 33169

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on June 24, 2014.



Philip B. Schwartz, Esq., authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document 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 a third degree felony as provided for in Section 817.155, Florida Statutes.)

Philip B. Schwartz
Typed or printed name of signee

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