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Division of Corporations

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FLORIDA LIMITED LIABILITY CO.

SORIANO BROTHERS RESTAURANT GROUP LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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T. HAMPTON

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:					
The name of the Limited I "L.L.C.," or "LLC.")					
Soriano Bro	thers R	estauro	urt (Broop Ll	_(
ARTICLE II - Address: The mailing address and s	treet address of	the principal	office of th	e Limited Liabi	litv
Company is: 346 NW 5	!	•		SEC	
1)nit # J-1	Ň			AHA	
Miami, FL	33126			SEEF	
ARTICLE III - Register	ed Agent Rec	istered Offi	re•	LOR	STAT
The name and the Florida Company cannot serve as its own with an active Florida registration	street address	of the register	ed agent ar	re: (The Limited Eta or another business	bilit enti
mun an active righted registration	٦٠				
Yismel Jor	iana				
YISMEL JOY 346 NW 57	rano to Ave				
YISMEL JOV 346 NW 57 Unit # J-11	to Ave				
YISMEL JOY 346 NW 57 Unit # J-11 Miami, FL	to Ave				
YISMEL JOV 346 NW 57 Unit # J-11 Miami, FL ARTICLE IV- The name and title of each Liability Company:	TONO TO AUE 33136 person authori			` \	
YISMEL JOV 346 NW 57 Unit # J-11 Miami, FL ARTICLE IV- The name and title of each	TONO TO AUE 33136 person authori			` \	

H14000188975

Required Signatures:

Signature of a member or an 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 s.817.155, F.S.

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)

14 AUG 11 AM 7: 27
SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE FLORIDA