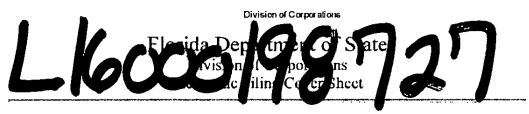
10/28/2016



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Cmail	Address:			

FLORIDA LIMITED LIABILITY CO.

Huey Magoo's Millenia, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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	74	COVER LETTER
TO:		stration Section sion of Corporations
SUBJEC		Huey Magoo's Millenia, LLC
002013		Name of Limited Liability Company
The encl	losed	Articles of Organization and fee(s) are submitted for filing.
Please re	eturn .	all correspondence concerning this matter to the following:
	Je	effrey W. Letwin, Esq.
		Name of Person
	S	aul Ewing LLP
		Firm/Company
	C	one PPG Place, Suite 3010
		Address
	P	ittsburgh, PA 15222
	•	City/State and Zip Code dyhoward12@gmail.com
		E-mail address: (to be used for future annual report notification)
For further	er info	rmation concerning this matter, please call:
	Je	effrey W. Letwin, Esq. 412 209-2540
	_	Name of Person Area Code Daytime Telephone Number
Enclose	d is a	check for the following amount:
]\$ 125.00) Filir	g Fee \$\int_{\text{S130.00 Filing Fee}} \& \int_{\text{S155.00 Filing Fee}} \& \int_{\text{Certificate of Status}} \\ \text{(certified Copy} \\ (additional copy is enclosed) \\ \text{(additional copy is enclosed)} \\ \text{(additional copy is enclosed)} \end{additional copy is enclosed)}
		Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:		
Huey Magoo's N			
(Must	end with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	et address of the principal o	ffice of the Limited I	Liability Company is:
<u>Pri</u>	cipal Office Address:		Mailing Address:
		4041	Sarazen Drive, Hollywood, FL 33021
ARTICLE III - Registered (The Limited Liability Com	pany cannot serve as its own	& Registered Agent Registered Agent. Y	
ARTICLE III - Registered	Agent, Registered Office, cany cannot serve as its own an active Florida registratio	& Registered Agent Registered Agent. Y	's Signature:
ARTICLE III - Registered (The Limited Liability Companother, business entity with	Agent, Registered Office, cany cannot serve as its own an active Florida registratio	& Registered Agent Registered Agent. Y	's Signature:
ARTICLE III - Registered (The Limited Liability Companother, business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration ect address of the registered	& Registered Agent Registered Agent. Y	's Signature:
ARTICLE III - Registered (The Limited Liability Companother, business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration ect address of the registered	& Registered Agent. Y n.) agent are:	's Signature:
ARTICLE III - Registered (The Limited Liability Companother, business entity with	Agent, Registered Office, nany cannot serve as its own an active Florida registratio reet address of the registered Andrew Howard	& Registered Agent. Y Registered Agent. Y n.) segent are: Name	's Signature: ou must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother, business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration rect address of the registered Andrew Howard 4941 Sarazen Drive	& Registered Agent. Y Registered Agent. Y n.) segent are: Name	's Signature: ou must designate an individual or

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)

(CONTINUED)

Page 1 of 2

16 0CT 28 PM 5: 42

Title: "AMBR" = Authorized N	Name and Address:	
"MGR" = Manager		
AMBR	Huey Magoo's Restaurants, LLC	
	310 Grant Street, Suite 2500 Pittsburgh, PA 15219	
		- -
(Use attachment if necess	sary)	
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