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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

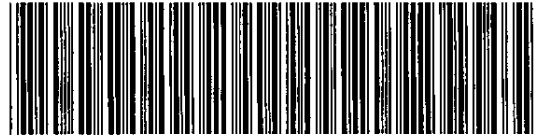
(Business Entity Name)

(Document Number)

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16 NOV 29 PM 3:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 NOV 29 PM 3:20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: O'liveU Mediterranean Grill
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:

Abdeljalil A Aburmaieleh

Name of Person

Firm/Company

3511 Pomerol Drive # 406

Address

Wellington, FL 33414

City/State and Zip Code

abdul.gov@gmail.com

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

For further information concerning this matter, please call:

Abdul Aburmaieleh

614

397-6171

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2016

ABELJALIL A ABURNMAIELEH
3511 POMEROL DRIVE #406
WELLINGTON, FL 33414

SUBJECT: O'LIVEU MEDITERRANEAN GRILL LLC
Ref. Number: W16000076045

We have received your document for O'LIVEU MEDITERRANEAN GRILL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 816A00024094

RECEIVED
16 NOV 29 AM 9:23
[Signature]

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

O'liveU Mediterranean Grill LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3511 Pomerol Drive #406

Wellington, FL 33414

Mailing Address:

3511 Pomerol Drive #406

Wellington, FL 33414

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Abdeljalil A Aburmaieleh

Name

3511 Pomerol Drive #406

Florida street address (P.O. Box **NOT** acceptable)

Wellington

FL

33414

City

State

Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Abdeljalil A Aburmaieleh
3511 Pomerol Drive #406
Wellington, FL 33414

AMBR

Brenda L Medina Cardenas
59 Spruce Street
Columbus, Ohio 43215

(Use attachment if necessary)

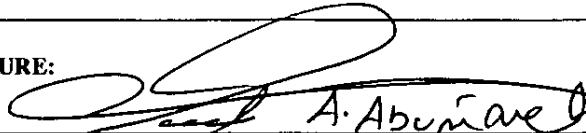
ARTICLE V: Effective date, if other than the date of filing: 01/01/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Abdeljalil A Aburmaieleh

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 NOV 29 PM 3:20

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)