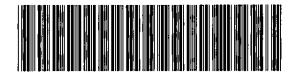


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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROAD DAWGS SPORTS CAFE, 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:
TODD LIEKLAK Name of Person
Name of Person
Firm/Company
2741 SW 86th Why Address
Davie FL 33328 City/State and Zip Code to JdQ Planen. com
to III Play for Con
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
11 incipat Office Address:	-,
13010 W. SR 84	2741 SW86 th St. DAVIE, F. 333288
DAVIE, P. 3332 B	DAVIE, A. 333288

Name

274 | SW 96th W F

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

DAVIE

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

There, Fr. 3832.8 Inda B. Howe 2741 Sw 84 how Dave, R. 7332.8 Inda B. Howe 2741 Sw 84 how Dave, R. 7332.8 Inda B. How 1274 Sw 84 how 1274 Sw 84 h	Citle: AMBR" = Authorized Member MGR" = Manager	Name and Address:
tachment if necessary) frective date, if other than the date of filing: ate is listed, the date must be specific and cannot be more than five business days prior to or in einserted in this block does not meet the applicable statutory filing requirements, this date will reflective date on the Department of State's records. Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of Statute I are aware that any false information submitted in a document to the Department of Statute I are aware that any false information submitted in a secondance of signee Filing Fees:	MGR	Todd Kicklak 2741 SW 86m was
ffective date, if other than the date of filing:	MUR	Linda B. Home 11 2741 Sw 86 h Way
ffective date, if other than the date of filing:		
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute 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 Filing Fees:	Use attachment if necessary) EV: Effective date, if other than the date	of filing: (OPTIONAL)
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of Statutes a third degree felony as provided for in s.817.155, F.S. Tong Vick LAK Typed or printed name of signee Filing Fees:	EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not the date inserted in the date in	need the applicable statutory filing requirements, this date will not
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.00 Certified Copy (Optional)	EV: Effective date, if other than the date ective date is fisted, the date must be sp filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. Signature of a management of a management of the document is exect 1 am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this d of State's records. Lill ember or an authorized representative of a member ated in accordance with section 605.0203 (1) (b), Florid is information submitted in a document to the Department of the Departme

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA