Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

: (305)675-5944

Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

| Email Address: |
|----------------|
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FLORIDA LIMITED LIABILITY CO. THE CAVA REA'L GROUP LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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| Estimated Charge | \$130.00 |

C RICO JAN 1 1 2019

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | |
|---|---|
| The Cava Rea'L Group ZL | 2_ |
| ARTICLE II - Address: The mailing address and street address of the principal office Company is: | |
| 19366 SW 132 ave | |
| 19366 SW 132 ave Miami FL 33177 | |
| | |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent Company cannot serve as its own Registered Agent. You must designate an individual or an with an active Florida registration.) | at are: (The Limited Liability tother business entity |
| Norberto Sysmi | |
| 19366 SW 132 AVE | # 11 m |
| M1ami FL 33177 | 20 |
| RTICLE IV The name and title of each person authorized to manage and contain its company: (MGR or AMBR) | ontrol the Limited |
| Norberto Susini | (AMBR) |
| Norman Gabriel Novoa | AMBR |
| Enrique Javier Castaneda | AMBR |
| Jaime Ociel Barrera | AMBR |
| Steven Anthony Medina | AMBR |
| | |

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)