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**FLORIDA LIMITED LIABILITY CO.  
5th AVENUE RESTAURANT GROUP LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION**

**OF**

**5<sup>th</sup> AVENUE RESTAURANT GROUP LLC**

**ARTICLE I - NAME**

The name of the limited liability company is **5<sup>th</sup> AVENUE RESTAURANT GROUP LLC** ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:  
2101 NW Corporate Blvd.  
Suite 300  
Boca Raton, FL 33431

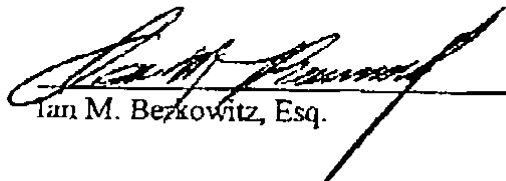
Mailing Address:  
2101 NW Corporate Blvd.  
Suite 300  
Boca Raton, FL 33431

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Ian M. Berkowitz, Esq.  
2101 NW Corporate Boulevard, Suite 300  
Boca Raton, Florida 33431

*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.*

  
Ian M. Berkowitz, Esq.

19 SEP 20 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### ARTICLE IV - MANAGERS OR MEMBERS

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

**Title:**

"MGR" = Manager

"AMBR" = Authorized Member

**Name and Address:**

AMBR

Name  
Address

**CRM Business, LLC**  
9729 Vineyard Ct  
Boca Raton, FL 33428

AMBR

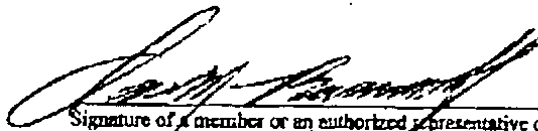
Name  
Address

**K E K Empreendimentos LLC**  
2101 NW Corporate Blvd.  
Suite 300  
Boca Raton, FL 33431

#### ARTICLE V - OTHER MATTERS

This Company is hereby authorized to conduct any and all legal business activities as agreed to by the Members.

**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.



Typed or printed name of signor