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8/10/2020 Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
COMBO KITCHEN OF BRICKELL LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Combo Kitchen of Brickell LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
426 SW 8 STREET SUITE #8	426 SW 8 STREET SUITE
#8	
MIAMI, FLORIDA 33130	MIAMI, FLORIDA 33130

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:

LELAND NEAL
Name

426 SW 8 STREET SUITE #8
Florida street address (P.O. Box NOT acceptable)

MIAMI, FLORIDA 33130
City, State, and Zip

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

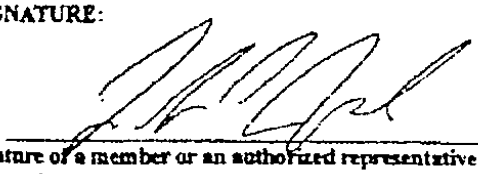
Title:		Name and Address:
"MGR" = Manager "AGRM" = Authorized Member		
AMBR		LELAND NEAL 426 SW 8 STREET SUITE
	#8	MIAMI, FLORIDA 33130
AMBR		JAMES ROSS 426 SW 8 STREET SUITE
	#8	MIAMI, FLORIDA 33130

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

ARTICLE VI: Other provisions, if Any:

None

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
In accordance with section 605.0203(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.

LELAND NEAL
Typed or printed name of signee