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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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FLORIDA LIMITED LIABILITY CO. THE FRENCHIE LOUNGE LL

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

EIN: 85-3005051

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICL | ΕI | - N | lam | e: |
|--------|----|-----|-----|----|
|--------|----|-----|-----|----|

The name of the Limited Liability Company is:

| The Frenchie Lounge LLC | |
|---|---------------|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limite: Liability Company is: | |
| M: 20501 SW 320 St. Asmestead Fl 33030 | |
| P: 14262 SW 140 St #112 Micmi F1 33186 | |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registered Agent. You must designate an Individual or another business entity | |
| Julius Manzano | |
| 2001 SW 320 St. Homestead Fl 33030 | - |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) | |
| Julius Manzano (AMBR) | |
| Osniel Gutierrez (AMBR) | |
| Rolando Reyes JR (AMBR) 5 | I |
| <u>. </u> | |

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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.

Julius Man Zano
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..

L Registered Agent's Signature (REQUIRED)