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 : GRAYROBINSON, P.A. - ORLANDO

Account Number: I20010000078 Phone : (407)843-8880

Fax Number ; (407)244-5690

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: tucker.thoni@gray-robinson.com

FLORIDA LIMITED LIABILITY CO.

3

0. 45 60	
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of this Limited Liability Company is: ORA Restaurant and Lounge, LLC

ARTICLE II Address

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

301 E. Pine Street, Suite 1400 Orlando, FL 32801

ARTICLE III Purpose

This Limited Liability Company is organized for the purposes of any lawful business under Chapter-605, Florida Statutes.

ARTICLE IV Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

Manager: Degaz Management, LLC, a Delaware limited liability company

ARTICLE IV Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

GrayRobinson, P.A.
515 North Flagler Drive, Suite 650
West Palm Beach, FL 33401

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT'S SIGNATURE

Lucker Thoni

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 in Section 817.155, Florida Statutes.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

Tucker Thoni, Authorized Representative