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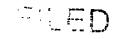
2021 NOV 19 PM 3: 03

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Olive U Mediterr	anean Grill PGA LLC	
		
		
		Art of Inc. File
		LTD Partnership File
		Poreign Corp. File
		LC. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Рћого Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
orginature		Vehicle Search
		Driving Record
Requested by:		UCC or 3 File
Nicos		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	

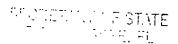


ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 HOV 19 PM 4: 12

ARTICLE I - Name:

The name of the Limited Liability Company is:



OLIVE U MEDITERRANEAN GRILL PGA, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address: 2632 PGA BLVD PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 Mailing Address: 2632 PGA BLVD PALM BEACH GARDENS, FL 33410

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:

	v State	
MIAMI	FL.	33131
Florida stree	t address (P.O. Box NOT	acceptable)
2 S BISCAYN	E BOULEVARD, SUITE 20	600
	Name	
BRYAN J. RU	SH	

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.

Bryan J. Rush			
Registered Agent's Signature (REQUIRED)			

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

	BR" = Authorized Member	Name and Address:	
"MG	R" = Manager		
MG	<u>R</u>	ABDELJALIL A ABURMAIELEH	
		2632 PGA BLVD	
		PALM BEACH GARDENS, FL 33410	
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	attachment if necessary)		
f an effective le date of filin lote: If the di	date is listed, the date must be ig.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to of meet the applicable statutory filing requirements, this date want of State's records.	or 90 days after
	Other provisions, if any,		
			
REO	<u>UIRED</u> SIGNATURE:		
	s/ Abdeljalıl. A. Aburmai	eleh	
	This document is exe I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statilse information submitted in a document to the Department of tree felony as provided for in s.817.155. F.S.	tutes. State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

Abdeljalil A. Aburmaieleh, Manager

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)