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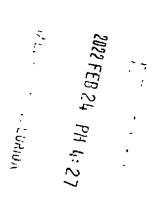
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Certified Copies	Certificates	of Status
		
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WALK IN

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	PICK V	U P:	2/24 DANNY		
XX	CERTIFIED COPY PHOTOCOPY CUS				
XX	•	LLC		 	
1.	THE MINI BAR FL, LLC (CORPORATE NAME AND DOCUME			 	
2.	(CORPORATE NAME AND DOCUME	NT #)		 	
3.	(CORPORATE NAME AND DOCUME	NT #)		 	
4.	(CORPORATE NAME AND DOCUME	NT #)		 	
5.	(CORPORATE NAME AND DOCUME	NT #)		 	
6.	(CORPORATE NAME AND DOCUME	NT #)		 	
SPECIA INSTRU	AL JCTIONS:			 	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Mini Bar FL, L	LC_		
(Must conta	ain the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")
TICLE II - Address:			
e mailing address and street ac	ddress of the principal	office of the Li	mited Liability Company is:
<u>Principa</u>	al Office Address:		Mailing Address:
2614 Tamiami Trail	North, Suite 615	<u>_</u>	2614 Tamiami Trail North, Suite 615
Naples, FL 34103			Naples, FL 34103
TICLE III - Registered Age e Limited Liability Company ther, business entity with an a	cannot serve as its own	Registered A	
TICLE III - Registered Age e Limited Liability Company ther business entity with an a	cannot serve as its own active Florida registration address of the registered	n Registered A on.)	Agent's Signature:
e Limited Liability Company ther business entity with an a	cannot serve as its own active Florida registration	n Registered A on.)	Agent's Signature:
e Limited Liability Company ther business entity with an a	cannot serve as its own active Florida registration address of the registered	n Registered A on.) d agent are:	Agent's Signature:
e Limited Liability Company ther business entity with an a	cannot serve as its own active Florida registration address of the registered Jeff Novatt, Esq.	n Registered A on.) d agent are: Name Suite 432	Agent's Signature: gent. You must designate an individual o
e Limited Liability Company ther business entity with an a	cannot serve as its own active Florida registration address of the registered Jeff Novatt, Esq. 1415 Panther Lane, 5	n Registered A on.) d agent are: Name Suite 432	Agent's Signature: gent. You must designate an individual o

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)

(CONTINUED)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company; Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Christopher Shucart 2614 Tamiami Trail North, Suite 615 Naples, FL 34103 MGR Marty Kenney 1065 Borghese Lane, #903 Naples, FL 34114 (Use attachment if necessary) 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 husiness days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. This limited liability company is a manager-managed limited liability company. **REOUIRED 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.

Jeff Novatt, Esq., Authorized Representative
Typed or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)