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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number: 120080000067 Phone : (845) 425-0077 Fax Number : (845)818-3588

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

Email Address:

FLORIDA LIMITED LIABILITY CO. Sushi Icon LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | S125.00 |

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES CHORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sushi Icon LLC

(Must end with 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:

Mailing Address:

404 Washington Ave., Suite 650404 Washington Ave., Suite 650Miami Beach, FL 33139Miami Beach, FL 33139

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:

| Veorp Services, LL | .C | |
|----------------------|-----------------------------|------------|
| | Nane | |
| 1200 South Pine Is | and Road | |
| Florida street addre | ess (P.O. Box <u>NOT</u> ac | cceptable) |
| Plantation | FL | 33324 |
| Ck ^r | State | Zip |

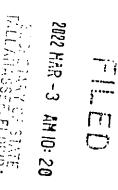
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

Minii Sanik

Registered Agent's Signature (AEQUAE)

(CONTINUED)

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| <u>Title:</u> "AMBR" = A | authorized Member | Name and Address: |
|--|--|---|
| "MGR" = Ma | | Los Dobes |
| AMBR | | lan Behar 404 Washington Ave., Suite 650 |
| | | Miami Beach, FL 33139 |
| | | Total County of the County of |
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| • | ent if necessary) e date, if other than the date of | filing: . (OPTIONAL) |
| LEV: Effective date is of filing.) If the date insertment's elfections | e date, if other than the date of listed, the date must be speci- rted in this block does not meet we date on the Department of | filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 d et the applicable statutory filing requirements, this date will not b State's records. |
| LEV: Effective date is of filing.) If the date insertiment's effection. | e date, if other than the date of listed, the date must be speci- rted in this block does not meet we date on the Department of provisions, if any. | fic and cannot be more than five business days prior to or 90 d et the applicable statutory filing requirements, this date will not b |
| LEV: Effective date is of filing.) f the date insernment's effective. EVI: Other p | e date, if other than the date of listed, the date must be speci- rted in this block does not mee ve date on the Department of provisions, if any. | the and cannot be more than five business days prior to or 90 d et the applicable statutory filing requirements, this date will not b State's records. |
| LEV: Effective date is of filing.) If the date inserament's effecti | e date, if other than the date of listed, the date must be specieted in this block does not meet ve date on the Department of provisions, if any. Signature of a memior of this document is executed I am aware that any false in | the and cannot be more than five business days prior to or 90 cet the applicable statutory filing requirements, this date will not be State's records. |
| LEV: Effective date is of filing.) If the date inserament's effecti | e date, if other than the date of listed, the date must be specieted in this block does not meet ve date on the Department of provisions, if any. Signature of a memior of this document is executed I am aware that any false in | the applicable statutory filing requirements, this date will not be State's records. Deep or an authorized representative of a member. It in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State. |

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

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