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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : MANAUSA SHAW & MINACCI

Account Number : I20210000086 Phone : (850)597-7616 Fax Number : (850)270-6148

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

Email Address: danny @ manausalaw.com

FLORIDA LIMITED LIABILITY CO.

Asini's Woodfired Grill, LLC

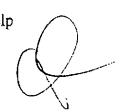
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## **COVER LETTER**

	New Filing Sec Division of Cor						
SUBJEC		odfired Grill, LLC					
SC BOLY		Name	of Limited Liabil	ity Company			
The encl	losed Articles of	Organization and fee	e(s) are submitted	l for filing.			
Please re	eturn all correspo	ondence concerning t	his matter to the	following:			
	Daniel E. M	anausa					
		<del></del>	Name of	Person	· — · · · · ·	<del></del>	
	Manausa Sh	aw Minacci, P.A.					
			Firm/Co	emp <b>a</b> ny			
	1701 Hermit	age Blvd, Suite 100					
			Addı	ess		<del></del>	
	Tallahassee,	FL 32308					
			City/State an	id Zip Code			
	danny@mana		e used for fitture s	annual report notificat	ion)		
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	Katie Rae		850 _at (	597-7616 _)		22 AL	
	Nam	e of Person	Area Code	Daytime Telephon	e Number	2022 APR 25 ALLAHASSE	•
Enclosed	die a chack for t	he following amount		•		m <sub>ed</sub>	
	00 Filing Fee	S130.00 Filing Certificate of State	Fee & □\$15 rus Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filin Certificate of St Certified Copy (additional copy is	ansa En	
	New F Division P.O. B	ig Address iling Section on of Corporations lox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallahi 2415 N. Monroe Stre Tallahassec, FL 3230	assee et, Suite 810	•	

Crawf

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## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

## ARTICLE I - Name: The name of the Limited Liability Company is: Asini's Woodfired Grill, 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: Mailing Address:

Crawfordville highway	2302 Crawfordville highway
fordville, FL 32327	Crawfordville, FL 32327

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:

Daniel E. Manausa		
	Name	
1701 Hermitage Blv	d, Suite 100	
Florida street addres	s (P.O. Box NOT ac	cceptable)
Tallahassee	FL ·	32308
City	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..

VRegistered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Aut "MGR" = Mana	horized Member	Name and Address:	
MGR_		Jon Turner 2302 Crawfordville highway Crawfordville, FL 32327	
,	<u> </u>		
		<del> </del>	
(Use aftachment	t if necessary)		
CLE V: Effective of effective date is list te of filling.)  If the date inserted	late, if other than the date ted, the date must be sp d in this block does not	e of filing:  (OPTIONAL)  cecific and cannot be more than five business days prior to or 90 days a  meet the applicable statutory filing requirements, this date will not be listed  of State's records.	
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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)