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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
THE GRILL BARREL LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
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Second Request

110

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

THE GRILL BARREL LLC.

ARTICLE II - Address:

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

4650 NW Washington ST, Unit 302

Hollywood, Fl 33021

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

ALINA HERRERA

8205 Lake Drive ,Unit 203

Doral ,Fl 33166

ARTICLE IV-

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

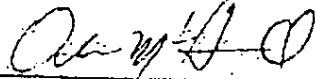
MMGR- JUAN FRANCISCO BOTERO.

MMGR - GONZALO ALBERTO DIAZ

AR/ MGR - ALINA HMARIA HERRERA

22 AUG 30 PM 12:35
STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

Required Signatures:



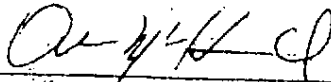
Signature of a member or an authorized representative of a member.

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 for in s.817.155, F.S.

ALINA M. HERRERA

Typed or printed name of signee

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)

22 AUG 30 PM 12:35
STATE OF FLORIDA
DEPARTMENT OF STATE