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. 11 ×			UCC 11 Retrieval
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Martini House		Y * 1 111.		
(Mus	t contain the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")	
CLE II - Address:				
ailing address and st	reet address of the principal o	ffice of the Limite	d Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
9315 NW 1at S	treat	al -		
9315 NW 1st Street		we.	same	
amited Liability Con business entity wit	d Agent, Registered Office, opany cannot serve as its own han active Florida registration	Registered Agent. n.)		
CLE III - Registere imited Liability Con r business entity wit	d Agent, Registered Office, on a pany cannot serve as its own the an active Florida registration treet address of the registered	Registered Agent. n.)	ent's Signature:	
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CLE III - Registere imited Liability Con r business entity wit	d Agent, Registered Office, on a pany cannot serve as its own the an active Florida registration treet address of the registered	Registered Agent. n.) agent are:	ent's Signature:	
CLE III - Registere imited Liability Con r business entity wit	d Agent, Registered Office, opany cannot serve as its own han active Florida registration treet address of the registered Patricia Frederick	Registered Agent. n.) agent are: Name	ent's Signature: You must designate an individual o	
CLE III - Registere imited Liability Con r business entity wit	d Agent, Registered Office, on a pany cannot serve as its own than active Florida registration treet address of the registered Patricia Frederick 9315 NW 1st Street	Registered Agent. n.) agent are: Name	ent's Signature: 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:

AMBR Patricia Frederick 9315 NW 1st Street Coral Springs, FL 33071 AMBR Frank Stella 10274 Ramblewood Drive Coral Springs, FL 33071 AMBR Thomas Stella 9760 NW 51 Street Coral Springs, FL 33065 Coral Springs, FL 33065 (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 business days prior to or 90 days after the date of filing.)	Title: "AMBR" = Authorized Member	Name and Address:	
AMBR Frank Stella 10274 Ramblewood Drive Coral Springs, FL 33071 AMBR Thomas Stella 9760 NW 51 Street Coral Springs, FL 33065 Coral Springs, FL 33065 (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 business days prior to or 90 days after 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. REOURED 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.	"MGR" = Manager		
AMBR Frank Stella 10274 Ramblewood Drive Coral Springs, FL 33071 AMBR Thomas Stella 9760 NW 51 Street Coral Springs, FL 33065 (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 business days prior to or 90 days after he date of filing.) Nextic 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. RETICLE VI: Other provisions, if any. REQUIRED 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.	AMBR		
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(Use attachment if necessary) (OPTIONAL) If an effective date, if other than the date of filing:		10274 Ramblewood Drive	
(Use attachment if necessary) (OPTIONAL) (If an effective date, if other than the date of filing:		Coral Springs, FL 33071	2
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Paricia Bradariak	Signature of a m This document is exect I am aware that any fal	uted in accordance with section 605.0203 (1) (b), Flor se information submitted in a document to the Denart	rida Statutes
Paricia Frederick Typed or printed name of signee	constitutes a third degr	ee leiony as provided for in s.817.155, F.S.	
Typed or printed name of signee	Paricia Frederic	:k	
		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)