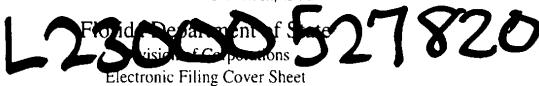
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address: misaia@darden.com

FLORIDA LIMITED LIABILITY CO.

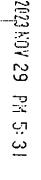
Capital Grille Franchising, LLC

Certificate of Status	1
Certified Copy	0
Page Count	>94€ 03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: Capital Grille Franchising, 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: 1000 Darden Center Drive 1000 Darden Center Drive Orlando, FL 32837 Orlando, FL 32837 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:

Corporate Creations Network Inc. Name 801 US Highway I Florida street address (P.O. Box NOT acceptable)

North Palm Beach 33408 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.,

Kevin Duteau, Special Manager

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-	
-------------	--

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

Title: "AMBR" = 7	Authorized Member	
"MGR" = M	fanager	
AMBR	Capital Grille Holdings, Inc.	
	1000 Darden Center Drive	
	Orlando, FL 32837	
		
		
(Use attachm	ment if necessary)	
(·····················//	
ARTICLE V: Effective	ive date, if other than the date of filing: (OPTIONAL)	
(If an effective date is	s listed, the date must be specific and cannot be more than five business days prior to or 90 days af	ter
the date of filing.)	,, , = -, , , = -, , = -, , = -, , = -, , = -, , = -, ,	
	erted in this block does not meet the applicable statutory filing requirements, this date will not be liste	d as
	tive date on the Department of State's records.	
ARTICLE VI: Other p		
The power to adopt, as	mend, or repeal the Operating Agreement of the Company shall be vested in the Member of the	
Company,		
REOUIRED	Q SIGNATURE:	
	Lun _	
	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	
	i an armin that any table intollianon sabinities in a accument to the population of come	

constitutes a third degree felony as provided for in s.817.155, F.S.

Colleen H. Lyons, Assistant Secretary

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 5.00 Certificate of Status (Optional)