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**FLORIDA LIMITED LIABILITY CO.  
OXGRILL MEAT COMPANY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

OXGRILL MEAT COMPANY 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:9712 BOCA VUE DR.APT 201BOCA RATON, FL 33428Mailing Address:9712 BOCA VUE DR.APT 201BOCA RATON, FL 33428

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

HIDEO ALEXANDRE TAKASHI

Name

9712 BOCA VUE DR. APT 201Florida street address (P.O. Box NOT acceptable)BOCA RATONFL33428

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 603, F.S.

Vincent P. P. P. P. P.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MOR" = Manager

**Name and Address:**

AMBR

HIDEO ALEXANDRE TAKAHASHI  
9712 BOCA VUE DR, APT 201  
BOCA RATON, FL 33428

AMBR

VINICIUS NASCIMENTO ALVAS DA COSTA  
9712 BOCA VUE DR  
BOCA RATON, FL 33428

AMBR

VITOR NASCIMENTO ALVES DA COSTA  
9712 BOCA VUE DR  
BOCA RATON, FL 33428

(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.)

**Note:** 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.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**Vinicius Nascimento

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.HIDEO ALEXANDRE TAKAHASHI

Typed or printed name of signer

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