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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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

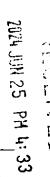
Email	Address:	
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## FLORIDA LIMITED LIABILITY CO. OXGRILL MEAT COMPANY LLC

Certificate of Status	0
Certified Copy	l
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu





ARTYLYS OF ORGANIZATION FUR FLORI	DY CIMLED CIVERITA A COMPANA.
ARTICLE I - Name: The name of the Limited Liability Company is:	
OXGRILL MEAT COMPANY LLC	·
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	· . Mailing Address:
9712 BOCA VUE DR. APT 201	9712 BOCA YUE DR. APT 201
BOCA RATON, FL. 33428	BOCA RATON, FL. 33428
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Registernother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
HIDEO ALEXANDRE TAI	CASHI
Name	!

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 haveby 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..

Florida street address (P.O. Box NOT acceptable)

State

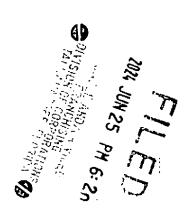
Zip

9712 BOCA YUE DR. APT 201

BOCA RATON City

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member	Name and Address:
"MOR" - Manager	
AMBR	HIDEO ALEXANDRE TAKAHASHU 9712 BOCA VUE DR. APT 201 BOCA RATON, FL. 33428
AMBR	VINICIUS NASCIMENTO ALVAS DA COSTA 9712 BOCA VUE DR BOCA RATON, FL. 13428
AMBB.	VITOR NASCIMENTOAL VES DA COSTA 9712 BOCA VUE DR. BOCA RATON, PL 33428
<del></del>	
(Use attachment if necessary)	
LEV: Effective date, if other than the	date of filling: (OPTIONAL)
fective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 days: not used the applicable statutory filing requirements, this date will not be lik
V	
REQUIRED SIGNATURE.	ius nascimento

HIDEO ALEXANDRE TAKAHASHI

Typed or printed name of signre

