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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 600002089486--5 -02/17/37--01036--002 ****293.75 *****293.75

SUBJECT: LICOLA SOUAKEMANAGEMENT L.C. (Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and a check for : \$337.50 \$346.25 \$293.75 \$285.00 Filing Fee, Registered Agent Filing Fee, Filing Fee Filing Fee, Registered Agent Registered Agent & Registered Designation & Designation, Agent designation Designation & Certified Copy & Certified Copy Certificate Certificate



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 19, 1997

LINCOLN SQUARE MANAGEMENT 801 LINCOLN ROAD MIAMI BEACH, FL 33139

SUBJECT: LINCOLN SQUARE MANAGEMENT, L.C.

Ref. Number: W97000004094

We have received your document for LINCOLN SQUARE MANAGEMENT, L.C. and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

PLEASE RO-DO YOUR ARTICLES OF ORGANIZATION BY TYPING OR WRITING IN INK, NOT A PENCIL. DOCUMENTS WRITTEN IN LIGHT PENCIL WILL NOT FILM.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Letter Number: 297A00008924

Loria Poole Corporate Specialist

TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	nala Square (Proposed limited liability compa	Manaoemer	nt.L.C.		
	(Proposed limited liability compar	ny name - must include suffi	x)		
Enclosed is an original	and one (1) copy of the arti	cles of organization an	d a check for :		
\$285.00 Filing Fee & Registered Agent designation	\$293.75 Filing Fee, Registered Agent Designation & Certificate	\$337.50 Filing Fee, Registered Agent Designation & Certified Copy	\$346.25 Filing Fee, Registered Agent Designation, Certified Copy & Certificate		
FROM: Lincoln Square Management					
801 Loncoln Road Address					
M	iami Beach	FL 331	39		
538 - 58 7 3 Daytime Telephone number					

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Linwin Square Management, **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company 801 Lincoln Road is: Mizmi Beach, FL 33139 **ARTICLE III - Duration:** The period of duration for the Limited Liability Company shall be: Perpetus ARTICLE IV - Management: (check and complete the appropriate statement) The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are: @ worldwide Restaurants OCAFFE Gaormina, Inc. 801 lincoln 20ad Corporation Ouis south Biscaure Blud. Miami Beach, FL 33139 Juite 3580 (nade County) EIN # 65-0668560 Miani, FL 33131 Florida Registration#: 796000090004 EIN# 65-0703557 The Limited Liability Company is to be managed by the members and the name(s) and

address(es) of the managing member(s) is/ are:

Effective Date: 2/25/97

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of	incola_
Square Management L.C.	deposes and says:
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is	\$ 10,000 .
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$ <u> </u>
4) the amount of cash or property anticipated to be contributed by member(s) is	\$ <u> </u>
5) the total amount of 2, 3, and 4 is	\$ 10,000 .
Signature of member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of his affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Giorgio Preshipino - Preshi	97 FEB 27 PH 12: 24 SECRETARY OF STATE TALLAHASSEE FLORID

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:		
Lincoln Square Management, L.C.		
2. The name and address of the registered agent and office is:		
Ronald b. Marini Esquire (Name)		
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)		
Miame, FLorida 33131 (City/State/Zip)	97 FEB 27 PH 12: 24 SECRETARY OF STATE TALL AHASSEE FLORIDA	
	411	

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.

Mandal 2/25/97
(Signature) (Date)

Filing Fee: \$ 35 for Designation of Registered Agent