TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

L98000000589

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

300002517483-- 7 -05/08/98--01093--005 *****346.00 ****346.00

W. P. Verifyer

SUBJECT:	ALDENTE TRATTORIA L.L.C (Proposed limited liability con		fix)	
Enclosed is an ori \$285.00 Filing Fee & Registered Agent designat	ginal and one (1) copy of the a \$293.75 Filing Fee, Registered Agent ion Designation & Certificate	\$337.50 Filing Fee, Registered Agent Designation & Certified Copy	* \$346.25 Filing Fee,	٠, ٥
FROM: _	8231 Muirhead Circle	nted or typed)		OF STATE RPORATIONS PM 12: 08
_	Boynton Beach, Florida			
_	City, State & Zip (561) 736-7000 Daytime Telephone number		Name Availa Docum Exami Update Update Verifye	nent MAK er MAK

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

O ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALDENTE TRATTORIA L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Store G, 2500 East Hallandale Beach Blvd., Hallandale, Florida 33309

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the nar	ne(s)
and address(es) of such manager(s) who is/are to serve as manager(s) is/are:	(-)

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:

Raffaele Puleo 1717 N. Bayshore Drive Miami, Florida 33132

Marco Antonio Pecawha 6538 Collins Avenue #412 Miami Beach, Florida 33141 98 MAY -8 PM12: 08

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:	
	Aldente Trattoria L.L.C.	
2.	The name and address of the registered agent and office is:	
	Alan Pinkwasser	DIVISION 98 MAY
	(Name)	REJAR SKOF
	8231 Muirhead Circle,	PA PP
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	STATE ORATION
	Boynton Beach, Florida 33437	
	(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.

Multiple 57/98 (Date)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of	Aldente Trattor	<u>ci</u> a
Dilic.	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	\$ 200.00	
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.	\$	•
4) the amount of cash or property anticipated to be contributed by member(s) is	\$ 100,000.00	
5) the total amount of 2, 3, and 4 is	\$ 100,200.00	•
Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	98 MAY -8 PN 12: 08	SECRETARY OF STATE DIVISION OF CORPORATIONS