LAGOOOOOSSS D. Scherber Requester's Name 1524 Silver Skafe Dr. Address Middle Joun, OH 45044 City/State/Zip Phone

Office Use Only		
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):	
(Corporation Name)	(Document #) 600030 5 -11/23/90 *****125	52176-3 9-01002-019 00 ****125.00
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	F,
Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Photocopy Certificate of AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	Status Status 99 NOV 23
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	OF STATE ORPORATIONS PM 2: 59

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

*		IT I COMILISM
ARTICLE I - Name: The name of the Limite	d Liability Company is:	
GOLDENROD	PIZZA LLC	
ARTICLE II - Address and //2 W.		Company is:
	ered Agent, Registered Office, & Registered Agent's Signat	
		ure:
The name and the Florid	la street address of the registered agent are:	
	DOUGLAS R. SCHERBER Name 112 W. 50 TH ST.	;
	Florida street address (P.O. Box NOT acceptable) HOLMES BEACH FL 342/7	
	City, State, and Zip	
registered agent and agent statutes relating to the p accept the obligations of Article IV - Managem	place designated in this certificate, I hereby accept the appointment to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiar my position as registered agent as provided for in Chapter 608, Registered Agent's Signature The company is to be managed by one manager or more managemanaged company.	visions of all with and F.S
(An ad	ditional article must be added if an effective date is requested) Douglas R. Schenker	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	DIVISION 9
	Douglas R. SCHERBER Typed or printed name of signee	N 2 N S T T
	1 yped or printed name of signee	ယ ဣာ

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)