## M14000003224

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600259957176

SUFFICIENCY OF FILING

PECKET OF STATE OF ST

B. BOSTICK
MAY 1 \$ 2014
EXAMINEP



ACCOUNT NO. : I2000000195

REFERENCE : 113543 7775982

AUTHORIZATION :

COST LIMIT : \$\\\25.00

ORDER	DATE	:	April	30,	2014
ORDER	TIME	:	5:33	PM	

ORDER NO. : 113543-003

CUSTOMER NO: 7775982

#### FOREIGN FILINGS

NAME: AM PIZZA VENTURES LLC

XXXX QUALIFICATION (TYPE: <u>LL</u> )		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	200	*
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		:
CONTACT PERSON: Emily Gray EXT# 52925	· • • • • • • • • • • • • • • • • • • •	

EXAMINER:

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AM PIZZA VENTURES LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Liability Company," "L.L.C," or "LLC.")	mited
2 Delaware 3. N/A	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 6/1/2014  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	_
5. 1500 Apalachee Pkwy Governors Square Mall - Suite 1050	_
Tallahassee, FL 32301	
(Street Address of Principal Office) 5. 1500 Apalachee Pkwy Governors Square Mall - Suite 1050	_
Tallahassee, FL 32301	_
(Mailing Address)	<u>~</u>
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Jesus Urdaneta, Member	
1500 Apalachee Pkwy Tallahassee, FL 32301	¯;.o
,	٠.٠ ټ
. •	<u>س</u> س
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	ficial
aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation.	slator
nust be submitted)	514101
What was a second of the secon	
Signature of an authorized person  n accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated hen in 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.)	ກ່າ are truc. ໄ
JESUS URDANETA	
Typed or printed name of signee	

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

	e, the alternate to be used in	the state of Florida is:		
	e, the attenue to be used in	the state of Frontial is.		
2. The name	and the Florida street addres	ss of the registered agent an	d office are;	
	Corporation Service Comp	any		
		(Name)		
	1201 Hays Street		;;* <b>1</b>	500
	Florida Street A	ABLE)		
			,	
	Tallahassee	32301 °	•	: 3
	· · · · · · · · · · · · · · · · · · ·	City/State/Zip		. * *,~
				٠.
liability comp registered ago statutes relati	named as registered agent an vany at the place designated it ent and agree to act in this ca ing to the proper and complet ligations of my position as ref	n this certificate, I hereby ac pacity. I further agree to co e performance of my duties,	ccept the appointment as omply with the provisions o and I am familiar with and	of all d
ounies.	Corporation Service Compar	Assi	Sue G. Knight istant Vice President	
	\$ 100.0 \$ 25.0			

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

5.00

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AM PIZZA VENTURES LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTIETH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AM PIZZA

VENTURES LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

5518278 8300

140540758

jeffrey W Bullock, Secretary of State
AUTHENTY CATION: 1333012

DATE: 04-30-14

You may verify this certificate online at corp.delaware.gov/authver.shtml