

L00000002863

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE:112

(Address)

CORAL GABLES, FLORIDA 33134

(City, State, Zip)

(305) 444-4994

(Phone#)

(305) 444-4977

(FAX#)

OFFICE USE ONLY

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00 MAR 14 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Totitos PIZZA LLC (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

Name	_____
Availability	_____
Document	_____
Exemption	_____
Up/after	_____
Up/after	_____
Acknowledgment	_____
W. F. Officer	_____

☐ Walk in ☒ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

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-03/14/00--01080--024

****155.00 ****155.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Totitos Pizza LLC

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

175 SE 25th Road Apt # 4A
Miami, Florida 33129

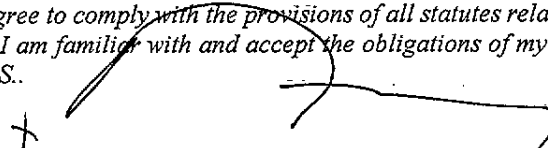
ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signatures:

The name and the Florida street address of the registered agent are:

Alfredo Riascos
Name
175 SE 25th Road Apt #4A
Florida street address (P.O. Box NOT acceptable)
Miami, Florida 33129
City, State, and Zip Code

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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 as provided for in Chapter 608, F.S.

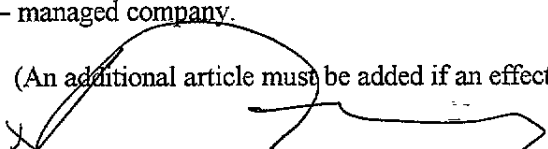


Registered Agent's Signature

Article IV – Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)



(Signature of a member or authorized representative of a member)