

W4000003057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

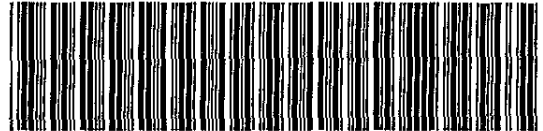
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400025918614

01/08/04--01040--019 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN - 9 11 8:50

FILED

W4-3057
QR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solorzano Pizza Cafe, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos Solorzano
(Name of Person)

Solorzano Pizza Cafe, LLC
(Firm/Company)

2117 Siesta Drive
(Address)

Sarasota, Florida 34239
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Solorzano at (941) 906-9444
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN -8 AM 8:50

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Solorzano Pizza Cafe, LLC

ARTICLE II - Address:

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

Principal Office Address:

2117 Siesta Drive

Sarasota, Florida

34239

Mailing Address:

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

Carlos Solorzano

Name

2117 Siesta Drive

Florida street address (P.O. Box NOT acceptable)

Sarasota

FLORIDA

34239

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JAN - 8 14 8:50

FILED

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, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Carlos Solorzano
4174 Central Sarasota Parkway
Sarasota, Florida 34238

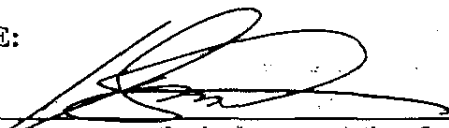
MGRM

Philip Solorzano
4174 Central Sarasota Parkway
Sarasota, Florida 34238

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Carlos Solorzano

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN - 8 AM 8:50

FILED

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)