

L04000034536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

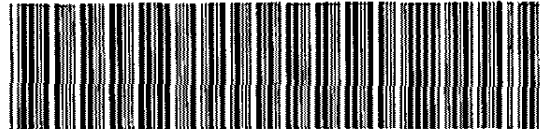
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APPROVED
AND
FILED
04 JUN 25 PM 1:03
SECRETARY OF STATE
ALABAMA DEPT. OF REVENUE

5604



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 22, 2004

AARON GUTFLEISH
AJ'S PIZZA
10931 TRELAIN WAY
HUDSON, FL 34667

SUBJECT: AJ'S PIZZA LLC
Ref. Number: W04000015660

We have received your document for AJ'S PIZZA LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 904A00026784

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY -5 PM 1:03

APPROVED
AND
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJ's Pizza 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:

AARON GUTFLEISH

(Name of Person)

AJ'S PIZZA

(Firm/Company)

10931 TRELAIN WAY

(Address)

HUDSON, FLORIDA 34667

(City/State and Zip Code)

For further information concerning this matter, please call:

AARON GUTFLEISH

(Name of Person)

at (727)

697-0203

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

AJ'S PIZZA LLC

ARTICLE II - Address:

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

Principal Office Address:

7534 MASSACHUSETTS AVE

NEW PORT RICHEY

FLORIDA 34653

Mailing Address:

7534 MASSACHUSETTS AVE

NEW PORT RICHEY

FLORIDA 34653

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

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

AARON GUTFLEISH

Name

10931 TRELAIN WAY

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

HUDSON,

FLORIDA 34667

City, State, and 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 as provided for in Chapter 608, Florida Statutes..

Aaron Gutfleish

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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:

MGR

AARON GUTFLEISH

10931 TRELAIN WAY

HUDSON, FL 34667

LOUIS GUTFLEISH

10931 TRELAIN WAY

HUDSON, FL 34667

(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.)

LOUIS GUTFLEISH

Typed or printed name of signee

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)

04 MAY -5 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED