

LD50000 70635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

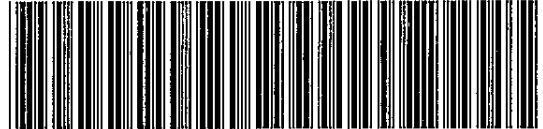
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lombardelli's Pizzeria, LLC

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____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
✓ ____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____

Signature

Requested by:

Name

Date

Time

Walk-In

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Courier

**ARTICLES OF ORGANIZATION OF LOMBARDELLI'S
PIZZERIA, LLC, A FLORIDA LIMITED LIABILITY
COMPANY**

**THE UNDERSIGNED, BEING AUTHORIZED TO EXECUTE
AND FILE THESE ARTICLES OF ORGANIZATION, HEREBY
CERTIFIES THAT:**

ARTICLE I – Name:

The name of the Limited Liability Company (hereinafter referred to as the “Company”) is “Lombardelli’s Pizzeria, LLC”.

ARTICLE II – Address:

The mailing and street address of the principal office of the Limited Liability Company is: P.O. Box 1448, 6100 CR 609, Bushnell, Florida 33513.

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV – Management:

The Company is to be member-managed.

ARTICLE V – Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as approved by the members and in accordance with the provisions of the Operating Agreement.

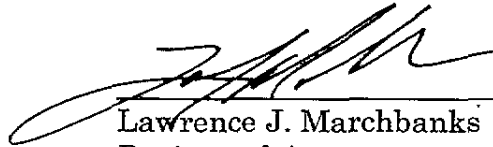
**ARTICLE VI- Registered Agent, Registered Office, &
Registered Agent’s Signature:**

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

Lawrence J. Marchbanks, P.A.
110 Cleveland Avenue
Wildwood, Florida 34785

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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.




Lawrence J. Marchbanks
Registered Agent

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 3 day of July, 2005.

(In accordance with Section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Member authorized to Execute
Articles of Organization



Hal Lyons, Trustee of the
Hal Lyons Revocable Trust,
w/a/d July 12, 2005