

LD5000116415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

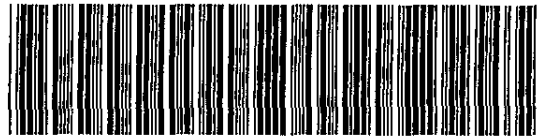
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2 Real Pizza, L.L.C.
(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:

Robyn Placek

(Name of Person)

Accounting Services, Inc

(Firm/Company)

PO BOX 1162

(Address)

Oakwood GA 30566

(City/State and Zip Code)

For further information concerning this matter, please call:

Robyn Placek

(Name of Person)

at (770) 297-9337

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR 2 REAL PIZZA, LLC A FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I.

The name of the limited liability company is 2 Real Pizza, LLC.

ARTICLE II.

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

2 Real Pizza, LLC
c/o Kevin Creeden
76 Carriage Dr.
Crawfordville, FL 32327

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

2 Real Pizza, LLC
c/o Robyn Placek Accounting
PO Box 1162
Oakwood, GA 30566

ARTICLE III.

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

Kevin Creeden
76 Carriage Dr.
Crawfordville, FL 32327

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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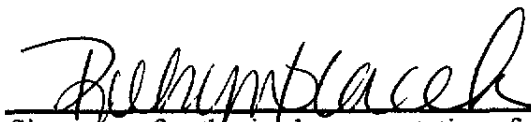
**ARTICLES OF ORGANIZATION FOR 2 REAL PIZZA, LLC A FLORIDA
LIMITED LIABILITY COMPANY (CONTINUED)**

ARTICLE IV.

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

MGRM - Ron LeSturgeon
6835 Forestwood Dr. W.
Lakeland, FL 33811

MRGM - Kevin Creeden
76 Carriage Drive
Crawfordville, FL 32327



Signature of authorized representative of a member.

(In accordance with section 608, 408(3), Florida Statutes, the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated herein are true.)

ROBYN PLACEK

Typed or printed name of signee.

APPROVED
AND
FILED

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TALLAHASSEE, FLORIDA