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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address (305) 444-4994 CORAL GABLES, FL 33134 Phone # City/State/Zip

OFFICE USE ONLY

THE SHIP 26 CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy ☐ Walk in Mail out ☐ Will wait Photocopy Certificate of Status AMENDMENTS == NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger

L	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

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ARTICLE I - Name:	
The name of the Limited Liability Company is:	To the second se
PITAS & BAGELS, LLC	Erg Mi
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
	Em 1
ARTICLE II - Address:	<i>y</i>
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7976 PINES BLVD	7976 PINES BLVD
PEMBROKE PINES FL 33024	PEMBROKE PINES FL 33024
business entity with an active Florida registration.) The name and the Florida street address of the results o	registered agent are:
MIGUEL E. G.	ARCIA
Name	
7976 PINES	
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
PEMBROKE PINES	FL 33024
City, State,	and Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
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(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MIGUEL E. GARCIA 7976 PINES BLVD
	PEMBROKE PINES FL 33024
MGRM	GLORIA E. GARCIA
	7976 PINES BLVD
	PEMBROKE PINES FL 33024
(Use attachment if necessary)	
	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	mber of an authorized representative of a member.
(In accordance with of this document co	n section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ed herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)

MIGUEL E. GARCIA Typed or printed name of signee