10000118060

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(Address)
(City/State/Zip/Phone #)
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SECRETARY OF STATE
TAILLAHASSEE, FLORIDA

Cole-118060

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Plato's	Pizzas LLC		
		d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
DeWayne	Terry		
	(Name of Person)	
The Pizza	Factory		
		Firm/Company)	20061 SEC TALL
2425 NE	18 Pl. #104	- / 1 11-13	DEC.
Ocala, Flo	orida 34470	(Address)	C 11 A
For further information	(City concerning this matter, please	/State and Zip Code) call:	2006 DEC 11 AMII: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DeWayne Terry	e of Person)	at (352) 369-626 (Area Code & Daytime T	
·	,	(oopnone vanaer,
Enclosed is a check f	or 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 Corporation Clifton Building 2661 Executive Center	ons

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::
Plato's Pizzas LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2425 NE 18 PL. #104	2425 NE 18 PL. #104 ZE
Ocala, Florida 34470	Ocala, Florida 34470
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual of another registered agent are:
DeWayne Terry	
Name	e
5945 NE 57 Loop	
Florida street ac	ddress (P.O. Box NOT acceptable)
Silver Springs City, State	FL 34488 , and Zip
Having been named as registered agent and to	o accept service of process for the above stated limited

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 (RE UIRED

(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:

MGR	DeWayne Terry	
	5945 NE 57 Loop	
	Silver Springs, Florida 34488	
MGRM	Mona Terry	
	5945 NE 57 Loop	70
	Silver Springs, Florida 34488	2006 DEC 11
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(Use attachment if necessary)		
CLE V: Effective date, if other	than the date of filing: (OP	TIONAL)
effective date is listed, the date	must be specific and cannot be more than five busin	ess davs pr
0 days after the date of filing.)		
y =g.,		

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.)

Typed or printed name of signed

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)