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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

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## **COVER LETTER**

Division of Corporati	ions			
SUBJECT: Firepit Pizza	a And BBQ, LLC			
Subsect.	(Name of Limited	Liability Cor	mpany)	
The enclosed Articles of Orga	nization and fee(s) are su	bmitted for fi	ling.	
Please return all corresponden	ce concerning this matter	to the follow	ring:	•
Guiseppe Cang	gialosi			
	(N	ame of Person	)	
Cangialosi Mar	nagement			
	(F	irm/Company	)	
27499 Rivervi	ew Center Blvd.			
		(Address)		
Bonita Spring	s, Florida 3413			
	(City/	State and Zip (	Code)	
For further information conce	rning this matter, please o	all:		
Guiseppe Cangialosi		<sub>at (</sub> 239	<sub>)</sub> - 444-56	36 elephone Number)
(Name of Per		(Агса	Code & Daytime T	elephone Number)
Enclosed is a check for the	following amount:			
✓ \$125.00 Filing Fee Ce	\$130.00 Filing Fee & rtificate of Status	Certified (	O Filing Fee & Copy opy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.	ailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Regis Divis Clifte 266)	et/Courier Address stration Section sion of Corporation on Building Executive Cente thassee, FL 32301	ons r Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is: ·	
Firepit Pizza And BBQ, LLC		
Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC	," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of th	ne principal office of the Limited L	iability Company is:
Principal Office Address;	Mailing Address:	
, , ,	Mainug Address:	
27499 Riverview Center Blvd.		
Bonita Springs, Florida 34134		
		<del></del>
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent'	's Signature:
The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)	Registered Agent. You must designate an indiv	idual or another
,		
The name and the Florida street address of t	the registered agent are:	7. SE
Guiseppe Cangialosi		
. N	lame	R 2
27499 Riverview Cente	er Blvd.	SE SE
Florida stree	et address (P.O. Box NOT acceptable)	
Bonita Springs,	FL 34134	100 118 118
City, St	tate, and Zip	MAR 29 AH IO: 04 ECRE LARY OF STATE LLAHASSEE, FLORIDA
Having been named as registered agent and	d to accept service of process for the	-
liability company at the place designated	d in this certificate, I hereby accept t	the appointment as
registered agent and agree to act in this cap		
statutes relating to the proper and complet accept the obligations of my position as		
accept the obligations of my position as	regisierea agent as providea jor in C	Enapter 500, F.S
(finds)		•
	Signature (REQUIRED)	
Cuiconno Con		

(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	Name and Address:	
MGRM	Guiseppe Cangialosi	
***************************************	27499 Riverview Center Blvd.	
	Bonita Springs, Florida 34134	
	·	
•		
(Use attachment if nece	essary)	
FICLE V: Effective date, i n effective date is listed, the r 90 days after the date of	f other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days partially.)	prior
. REQUIRED SIGNAT	rure:	
	ature of member or an authorized representative of a member.	27
	<b>≥</b> €	<u>K</u> ≥
of thi	ccordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury at the facts stated herein are true.)	MAR 20

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)

Guiseppe Cangialosi

Typed or printed name of signee