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**EXAMINER** 



### CAPITAL CONNECTION, INC.

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

Stromboli's of Dr Phillips	
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	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
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### ARTICLES OF ORGANIZATION STROMBOLI'S OF DR. PHILLIPS, LLC

a Florida Limited Liability Company

#### ARTICLE I - Name

The name of the limited liability company is STROMBOLI'S OF DR. PHILLIPS,

#### ARTICLE II - Address

The initial mailing address and street address of the principal office of the limited limiting company is 5106 Dr. Phillips Blvd., Orlando, FL 32819

#### ARTICLE III - Duration

The Company shall be dissolved and its affairs wound up in accordance with the Florida Limited Liability Company Act (the "Act") and the Company's Operating Agreement on December 31, 2055 unless the term shall be extended by amendment to the Company's Operating Agreement and this Certificate, or unless the Company shall be sooner dissolved and its affairs wound up in accordance with the Act or the Company's Operating Agreement.

#### ARTICLE IV - Management

The limited liability company is to be managed by one or more managers, and the name and address of the managers who are to serve as the initial managers of the limited liability company are:

William Louche 6736 SR 535 Windermere, FL 34786

#### ARTICLE V - Admission of Additional Members

The admission of additional members to the limited liability company shall require the consent and shall be on such terms and conditions as are determined by a vote of not less than one hundred percent (100%) of the Percentage Interests (as defined in the regulations of the Company) of the then existing members of the limited liability company.

#### ARTICLE VI - Members' Rights to Continue Business

The remaining members of the limited liability company shall have the right to continue the business of the limited liability company on the death, bankruptcy or dissolution of a member or the occurrence of any other event as specified in the regulations of the limited liability company which results in the disassociation of a member from the limited liability company, upon the written consent of not less than fifty one percent (51%) of the Percentage Interests (as defined in the regulations of the Company) of such remaining members to continue the business of the limited liability company.

Executed this 23 day of June, 2008.

William Louche,

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Manager

This document was prepared by and should be returned to R. Schwartz PO Box 536428, Orlando, FL 32853

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE FOR STROMBOLI'S OF DR. PHILLIPS, LLC a Florida limited liability company

Pursuant to the provision of Section 608.415 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating its registered office/registered agent in the State of Florida.

1. The name of the limited liability company, is:

#### STROMBOLI'S OF DR. PHILLIPS, LLC

2. The name and address of the registered agent and office is:

William Louche 6736 SR 535 Windermere,FL 34786

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.

William Louche

Cem la

Date: June 23, 2008