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| Certified Copies Certificates of Status |
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| ~. |
| Special Instructions to Filing Officer: |
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Office Use Only



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M. THOMAS

AUG - 3 2009

EXAMINER

COVER LETTER

| TO: Registration Division of | on Section f Corporations | | | |
|------------------------------|---|--|--|---|
| SUBJECT: | G | Sarlic Nutz,LLC. | | |
| | Name of Limit | ted Liability Company | | |
| The enclosed Article | es of Organization and fee(s) are | submitted for filing. | | |
| Please return all cor | respondence concerning this mat | ter to the following: | | |
| | | Niko Dellis | | |
| | | Name of Person | | |
| | "Yo | our" Pizza Shop | | |
| | | Firm/Company | | 78 7A |
| | ECRE | | | |
| | | Address | | TAR HASS |
| | | arwater, FI 33756 | | mod ≥ |
| | | ty/State and Zip Code sbro@equity.net | | 2009 JUL 31 AM 10: A SECRETARY OF STAT TALLAHASSEE FLOR |
| | E-mail address: (to be used | for future annual report notifica | ation) | - A - A - A - A - A - A - A - A - A - A |
| For further informat | ion concerning this matter, pleas | e call: | | |
| | Niko Dellis | _ at (| 441-3112 ne Telephone Number | |
| 140 | ane of reison | Med Code & Dayin | no receptore stamper | |
| Enclosed is a chec | k for the following amount: | | | |
|]\$125.00 Filing Fe | ce \$\int \\$130.00 \text{ Filing Fee & Certificate of Status} | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Certificate of Certified Co | of Status & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Ac Registration Section Division of Corpon Clifton Building 2661 Executive C Tallahassee, FL 3 | on orations enter Circle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | | | | |
|--|--|--|--|--|
| Garlic Nutz, | | | | |
| (Must end with the words "Limited Liabili | ty Company," "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| "Your" Pizza Shop 11 South Missouri Clearwater, Fl 33756 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | "Your" Pizza Shop 11 South Missouri Clearwater, Fl 33756 Office, & Registered Agent's Signatures ered Agent. You must designate an individual or another agent agent are: | | | |
| The name and the Florida street address of the re | egistered agent are: | | | |
| Daniel R I | Disbro | | | |
| Name | ************************************** | | | |
| 2717 Seville Blvd Apt. 1305 | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | |
| Clearwater, FI 33764 | FL | | | |
| City, State, an | d Zip | | | |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis | accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S | | | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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" = Manag "MGRM" = Man | | Name and Address: | | | |
|--|--|---|-------------------------------------|-------------------|---|
| MGRM | _ | Niko Dellis 11 South Missouri Clearwater, Fl 33756 | | | |
| MGRM | _ | Daniel R Disbro 2717 Seville Blvd Apt Clearwater, Fl 33764 | | Ţ. | |
| | · | | SECRETARY OF ALLAHASSEE, I | 13 | |
| (Use attachment i | f necessary) | | ORIOA | AM 10: 20 | C |
| ARTICLE V: Effective of (If an effective date is list to or 90 days after the da | ted, the date must be sp | e of filing:ecific and cannot be more | . (OPTION e than five business d | IAL) ays prior | |
| REQUIRED SIG | GNATURE: | s belo | | | |
| | Signature of a member or | an authorized representative | of a member. | | |
| | (In accordance with section of this document constitute that the facts stated herein | 608.408(3), Florida Statutes, t es an affirmation under the pena are true.) | he execution alties of perjury | | |
| | | Daniel R Disbro | | | |
| Filing Fees: | Typed | or printed name of signee | | | |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)