L09000095745

(Requestor's Name)
(,,
(Address)
(Address)
. (
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
OCT - 5 2009
EXAMINER

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2009 OCT -2 AM IO: 52
SECKETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

SUBJECT:		Pellini's Pizza, LLC nited Liability Company	
	Name of Lim	nted Liability Company	
The enclosed Article	es of Organization and fee(s) ar	re submitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	100	Serge Baygulow Name of Person	
		Name of Person	
···		Pellini's Pizza	
		Firm/Company	A CO
		4198 Galvin Ln	AHAT AHAT
		Address	SSE S
	N	orth Port, FL 34288	E OF
		City/State and Zip Code	E. FLORIDA
	bay	quiow@hotmail.com d for future annual report notification)	D A
For first and the first state of the state o		•	•
roi lutulei imomiai	ion concerning this matter, plea	ise can:	
Se	rge Baygulow	at (681-1000
Na	me of Person	Area Code & Daytime Te	elephone Number
Enclosed is a check	k for the following amount:		
]\$125.00 Filing Fe	e \$\square\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &
	commence of Sumus	(additional copy is enclosed)	
	Mailing Address	Street/Courier Addres	<u>ss</u>
	Registration Section Division of Corporations		ns
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center	· Circle
		Tallahassee, FL 32301	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
	s Pizza, LLC ted Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited I	iability Company is:
Principal Office Address:	Mailing Address:	,
1316 Whitefield Ave Sarasota, FL 34243	4198 Galvin Ln North Port, Fl 34288	200
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an indi	's Signature AND: SECRETARY OF STA vidual or another SEE, FLOR
Ele	ena Bayguiow Name	52
	Ln North Port, FL 34288 ess (P.O. Box <u>NOT</u> acceptable)	
City,	State, and Zip	
registered agent and agree to act in this of statutes relating to the proper and compaccept the obligations of my position	ited in this certificate, I hereby accept capacity. I further agree to comply wi	the appointment as th the provisions of all am familiar with and

(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" = Manager	Name and Address:
"MGRM" = Managing Member	TA'S
Administrator	Elena Baygulow 4198 Galvin Ln North Port, Fl 34288
Operation Manager	Serge Baygulow
	Serge Baygulow 4198 Galvin Ln North Port, Fl 34288
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must look days after the date of filing.)	ne date of filing: 10/05/2009 . (OPTIONAL) be specific and cannot be more than five business days p
CLE V: Effective date, if other than the effective date is listed, the date must	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with second	be specific and cannot be more than five business days proper or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document conthat the facts stated here.	be specific and cannot be more than five business days proper or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

of Registered Agent

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