

Corporate 13 667528
L10000009865

p.1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000018473 3)))



H100000184733ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6333

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9835

Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Roma's Italian Restaurant and Pizzeria, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

N. O'Brien JAN 28 2010

RECEIVED
10 JAN 27 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 JAN 27 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

10 JAN 27 AM 8:45

41-10000018473-3
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ROMA'S ITALIAN RESTAURANT AND PIZZERIA, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

14965 OLD SAINT AUGUSTINE ROAD

JACKSONVILLE, FLORIDA 32258

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

GAC LUKAJ

9021 WARWICKSHIRE ROAD

JACKSONVILLE, FLORIDA 32257

Having been named as registered agent 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.

x GAC LUKAJ

GAC LUKAJ / Registered Agent's signature

41-10000018473-3

71.10000018473.3

PAGE 2 ROMA'S ITALIAN RESTAURANT AND PIZZERIA, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

GAC LUKAJ

14965 OLD SAINT AUGUSTINE ROAD

JACKSONVILLE, FLORIDA 32258

.....

x GAC LUKAJ

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.

GAC LUKAJ

FILED
10 JAN 27 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

71.10000018473.3