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## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI	ECT: Grande	Pizza #5 LLC Name of Limit	ed Liability Company	<del> </del>
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
	Richard M. M	logerman, Esq.		
			Name of Person	2010 t
	Richard M. M	logerman, P.A.		42. 3
			Firm/Company	2010 MAR 29 PH 2: 23  SECATION OF STATE TALLAHASSEE, FLORIG
	8211 West B	roward Boulevard, Suite 2		ing 3
			Address	STP 27.2
	Plantation, Fl			23 20A
		Cit	y/State and Zip Code	
•	markmog@b			
		E-mail address: (to be used t	for future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	
Diobo	rd M. Magarn	mon	054 475 7171	
nicria	rd M. Mogerr Name	of Person	_ at ( 954 <u>) 475-7171</u> Area Code & Daytime Telep	phone Number
Enclos	ed is a check f	or the following amount:		
<b>□</b> \$125.	00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Grande Pizza #5 LLC		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited	d Liability Com
<del>-</del>	•	
Principal Office Address:	Mailing Address	50 E
Principal Office Address:	Mailing Address:	TALL
Principal Office Address: 6006 S.W. 18th Street	Mailing Address: 6006 S.W. 18th Street	TALLAH
		SECTIE INTO

is:

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

business entity with an active Florida registration.)

**ARTICLE I - Name:** 

Richard M. Mogerman, P.A.

Name

8211 West Broward Boulevard, Suite 200

Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324

City, State, and Zip

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Memi	Name and Address:
MGRM	Salvatore Amico
	11689 N.W. 12th Street 50.
	11689 N.W. 12th Street  Coral Springs, Florida 33071
MGRM	Christine Lay
	2721 Lake Park Circle West
	Davie, Florida 33328
MGRM	Irwin R. Mogerman
	10040 S.W. 2nd Street
	Plantation, Florida 33324
(Use attachment if necessary	)
	than the date of filing: (OPTION. e must be specific and cannot be more than five business da

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.)

Richard M. Mogerman

Typed or printed name of signee

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)