L1000045271

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Codifical Control					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900177551839

04/26/10--01061--012 **160.00

PILEU
O APR 26 AM II: 24
SEUKETARY OF STATE

COVER LETTER

то:	Registration S Division of Co							
SUBJE	SUBJECT: Bronx Boys Pizzeria LLC							
		Name of Limit	ed Liability Company					
The end	closed Articles o	f Organization and fee(s) are	submitted for filing.					
Please	return all corresp	ondence concerning this matt	er to the following:					
	Jayson Arias							
		•	Name of Person					
•	•		Firm/Company					
	PO Box 9703	11						
•			Address					
	Boca Raton, I	FL 33497-0311	y/State and Zip Code					
	hronyhoveniza	za@gmail.com	yround and zip code					
-	Didikboyapiza		or future annual report notification)	· · ·				
For fur	ther information	concerning this matter, please	e call:					
Jayson Arias			at (561) 756-1283					
Name of Person		of Person	Area Code & Daytime Telep	hone Number				
Enclos	ed is a check for	or the following amount:						
⊒\$ 125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ 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 Ci Tallahassee, FL 32301	ircle				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limite	d Liability Com	pany is:	
Bronx Boys Pizzeria			
(Must end	with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addres	s:		
The mailing address and	d street address	of the principal office of the Limited Liabi	ility Company is:
Principal Office Address:		Mailing Address:	•
1881 Davie Blvd.		PO Box 970311	
Fort Lauderdale, FL 33312		Boca Raton, FL 33497-0311	
	y cannot serve as its	egistered Office, & Registered Agent's S own Registered Agent. You must designate an individua	
The name and the Florid	da street address	s of the registered agent are:	10 APR 26 SEUNETAR TALLAHIASS
Jay	son Arias		一葉品 みょ
	Ltt)		
930	0 SW 8th Stre	eet	
	Florida	a street address (P.O. Box <u>NOT</u> acceptable)	AM II: 24 OF STATE E, FLORID
Boo	a Raton	FL 33497-0311	24 TE ABA
	·	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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	•	Name and Address:	
"MGR" = N	Aanager = Managing Member		
MOKINI -	- Managing Member		
MGRM		Louis Arias	
		5744 NW 49th Lane	
		Coconut Creek, FL 33073 .	
MGRM		Jayson Arias	·
		PO Box 970311	
		Boca Raton, FL 33497-0311	
			
(Use attach	ment if necessary)	•	
(Ose attacin	ment ii necessary)		
ARTICLE V: Effe	ctive date, if other than the o	date of filing: (OPTIONAL)
(If an effective date	is listed, the date must be	specific and cannot be more than five bu	
to or 90 days after t	the date of filing.)		\$
			三省 5
DEOLUDE	D. CLONIA TRUDE		58 8
REQUIRE	<u>D</u> SIGNATURE:		R 26 AM R 26 AM HASSEE,
	1	\mathcal{A}	SSS CE
	Λ_{α}	May (dry)	
	Signature of a member	of an authorized representative of a member.	APR 26 AM II: 24 LIAHASSEE, FLORID
	(I	, COO 400/2) Elecide Steamer de consulier	유로 :
	of this document constit	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	
	that the facts stated here		 ~
	Jayson Arias		
	Тур	ed 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)