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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registration of	on Section Corporations			
SUBJ	Don	a Gio's Of Winderr	mere,LLC		
		Name of Limit	ed Liability Company		
The er	iclosed Article	s of Organization and fee(s) are	submitted for filing.		
Please	return all corr	espondence concerning this mat	ter to the following:		
	John D	amico			
			Name of Person		
	Papa G	Bio's			
		•	Firm/Company		_
	336 Mo	ore Road		篇 (A) 四 (m) (200 (200 (200 (200 (200 (200 (200 (200	10 <u>1</u> 2 0 01
			Address	200 mm	
	Ocoee, F) ೧೮ ೧೯ ೧೯	- [- [
			y/State and Zip Code		ان م
	Johndam	ico61@yahoo.com	or future annual report notification)		\(\frac{1}{2} \)
		,	•	23	
For fu	rther informati	on concerning this matter, please	e call:		
Johr	Damico		at (407 963-8160		
	Na	me of Person	Area Code & Daytime Tele	phone Number	
Enclo	sed is a checl	c for the following amount:			
\$125.00	O Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing For Certificate of State Certified Copy (additional copy is en	tus &
		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		

Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ΑI	KII		. K.	I -	N 9	MP	•

The name of the Limited Liability Company is:

Papa Gio's Of Windermere, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
John Damico	John Damico	
336 Morre Road	336 Moore Road	
Ocoee,FI 34761	Ocoee.Fl 34761	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

John Dami	CO	
	Name	0 D
336 Mod	re Road	HE ASS
	Florida street address (P.O. Box NOT acceptable)	335 - F
Ocoee,FI	_{FL} 34761	五年 至 M
	City, State, and Zip	Lossins Signature Signatur

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..

legistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR	336 Moore Road
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	-,, -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 DEC - 1
CLE V: Effective date, if other than the date of filing: (OPTIONAl effective date is listed, the date must be specific and cannot be more than five business day 0 days after the date of filing.) REQUIRED SIGNATURE: (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)		PH 12: 26 EFFLORIDATE
(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	effective date is listed, the date r 90 days after the date of filing.)	
(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	Signature de	member or on authorized representative of a member
John D'Amico Typed or printed name of signee	(In accordance with sec constitutes an affirmation I am aware that any fals	tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State
, , , , , , , , , , , , , , , , , , ,		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)