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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

J. BRYAN

AUG -2 2011

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

Name of Limit	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
•	·	
Phillip John Thaddeus Damico		
•	Name of Person	Es =
	Firm/Company	E
		SERV
9120 Astonia Way		79 3 70 3
	Address	95
= = 1		1
Fort Myers, FL 33967	y/State and Zip Code	
	yrdiano and zip code	
pdamico@ameritech.net E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, pleas	e call:	
Phillip Damico	_{at (} 810) 217-4946	
Name of Person	Area Code & Daytime Telepho	ne Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, ertificate of Status & ertified Copy dditional 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 Circl	e

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	E	т '	N.	m
А	K 1	 . н.		NЯ	me.

The name of the Limited Liability Company is:

SOFLO Pizza Enterprises, 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 Unice Address:	Mailing Address:
9120 Astonia Way	9120 Astonia Way
Fort Myers, FL 33967	Fort Myers, FL 33967

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:

Phillip Joh	n Thaddeus Damico
	Name
9120 Aston	ia Way
	Florida street address (P.O. Box NOT acceptable)
FORT	MYEPS FL33967
	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)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Phillip John Thaddeus Damico 9120 Astonia Way Fort Myers, FL 33967	
		一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一
		ORDE TO
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	date of filing:	(OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)		

REQUIRED SIGNATURE?

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. 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.)

Phillip John Thaddeus Damico

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)