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T. HAMPTON

SVARAINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	
	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
-	Stephen Gaudet Name of Person
	New Smyrna PIZZA
	Pirm/Company 917 EAST 1 ST AVE. Address New Smyrna Beach, Fl 32169 City/State and Zip Code Steve 5829 @ YAHOO. COM E-mail address: (to be used for future annual report notification)
_	Address
_	New Smyrna Beach, Fl 32169
_	Steve 5829@ YAHOO. COM
	E-mail address: (to be used for future annual report notification)
	ther information concerning this matter, please call:
	Hephen Gandet at 917 656 5032 Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
	Filing Fee \$\bigsup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$155.00 \text{ Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·	
ARTICLE I - Name: The name of the Limited Liability Company is:	
New Symrna Pizza 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:	
New Smyrna Beach, Fl 32169 New Smyrna Beach, Fl 32169	
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: Stephen Gandet	
917 E 15TAV,	
New Smyrna Beach 32169	
City State and Zin	
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S	fall
Affri -	
Registered Agent's Signature (REQUIRED)	
Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2 Registered Agent's Signature (REQUIRED) ALLAHASSEE, FLOR	トートトレ
Page 1 of 2	

ARTICLE IV- Manager(s) or Man The name and address of each Manag	aging Member(s): ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Stephen Gaudet 917 E 15T AV NSB F/ 3
MGR	New Smyrna Beach Fl 32169 Neil Sinclair 220 Cedar Au
	New Smyrna Beagh F/ 32169
(Ura attacker and 'Caranasa)	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
<u>required</u> signature:	Gin
Signature of a member	r or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
5+0	chhen Gandet

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)

Page 2 of 2

Typed or printed name of signee