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(Requestor's Nam	e)
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PICK-UP WAIT	MAIL
(Business Entity N	lame)
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Certified Copies Certifica	ites of Status
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Special Instructions to Filing Officer:	

Office Use Only



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03/12/14--01015--017 **125.00 Effective Date 3/9/14

MAR 1 3 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dunk City Pizza LLC	
Name of Lin	nited Liability Company
The enclosed Articles of Organization and fee(s) a	re cubmitted for filing
_	
Please return all correspondence concerning this m	natter to the following:
Edward Flanagan	
	Name of Person
	Firm/Company
18401 Pine Nut Ct	Address
Lehigh Acres, FL 33972	
	ity/State and Zip Code
	Prof. N. C
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, plea	ase call:
	646) 388-1982
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for 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	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Effective Date 3/9/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dunk City Pizza LL	С	
Doing . And Land	(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addr The mailing address a		cipal office of the Limited Liability Company is:
Principal Office Add	<u>lress:</u>	Mailing Address:
18401 Pine Nut Ct Lehigh Acres, FL 3	3972	18401 Pine Nut Ct Lehigh Acres, FL 33972
another business enti	y Company cannot serve as i ty with an active Florida reg	
another business enti	y Company cannot serve as i	ts own Registered Agent. You must designate an individual or istration.)
another business enti	y Company cannot serve as it ty with an active Florida reg rida street address of the reg	ts own Registered Agent. You must designate an individual or istration.)
another business enti	y Company cannot serve as it ty with an active Florida regarda street address of the reg	ts own Registered Agent. You must designate an individual or istration.)
another business enti	y Company cannot serve as ity with an active Florida regarda street address of the regarda Edward Flanagan 18401 Pine Nut Ct	ts own Registered Agent. You must designate an individual or istration.)
another business enti	y Company cannot serve as ity with an active Florida regarda street address of the regarda street address of the regarda Flanagan 18401 Pine Nut Ct Florida street address (P. Lehigh Acres	ts own Registered Agent. You must designate an individual or istration.) gistered agent are: Name O. Box NOT acceptable) FL 33972
another business enti	y Company cannot serve as it y with an active Florida regarda street address of the regarda Flanagan 18401 Pine Nut Ct Florida street address (P.	ts own Registered Agent. You must designate an individual or istration.) gistered agent are: Name O. Box NOT acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILEU 2014 HAR 12 PH 12: 16 SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR = Manager MGR	Sonia Flanagan
MOIN	18401 Pine Nut Ct
	Lehigh Acres, FL 33972
MGR	Edward Flanagan
	18401 Pine Nut Ct
	Fort Myers, FL 33972
	Secretaria de Caracteria de Ca
(Use attachment if necessary)	
LE V: Effective date, if other than the date fective date is listed, the date must be of filing.)	ate of filing: 3/9/14 (OPTIONAL) specific and cannot be more than five business days prior to or
LE V: Effective date, if other than the date	nte of filing: 3/9/14 (OPTIONAL) specific and cannot be more than five business days prior to or
LE V: Effective date, if other than the date fective date is listed, the date must be of filing.)	nte of filing: 3/9/14 (OPTIONAL) specific and cannot be more than five business days prior to or
LE V: Effective date, if other than the date fective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a region of the constitutes an affirmation up I am aware that any false interests.	member or an authorized representative of a member.
LE V: Effective date, if other than the date fective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a region of the constitutes an affirmation upon the constitutes a third degree fellows.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State

Page 2 of 2

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)

FILED
2014 HAR 12 PM 12: 16