

# L14000130588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

4014-46469

Office Use Only



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07/28/14--01019--022 \*\*87.50

08/20/14--01001--014 \*\*72.50

FILED  
14 AUG 18 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 20 2014

T. HAMPTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rosa Pizza of Florida LLC  
Name of Limited Liability Company )

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Wolfe  
Name of Person

Rosa Pizza of Florida, LLC  
Firm/Company

22 Ben Lomax St.  
Address

Uniontown PA 15401  
City/State and Zip Code

wol5504@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Wolfe at 724 , 320-7384  
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**  
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 Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2014

ASHLEY WOLFE  
22 BEN LOMOND ST.  
UNIONTOWN, PA 15401

SUBJECT: ROSA PIZZ OF FLORIDA, LLC  
Ref. Number: W14000046469

TALLAHASSEE, FLORIDA  
14 AUG 18 PM 12:56  
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We have received your document for ROSA PIZZ OF FLORIDA, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 814A00016257

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rosa Pizza of Florida, 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:

9401 West Colonial Drive  
Ocoee, FL 34761

Mailing Address:

22 Ben Lomond St.  
Uniontown PA 15401

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:

Ashley Wolfe

Name

9401 West Colonial Drive

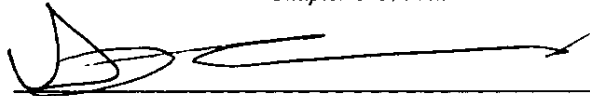
Florida street address (P.O. Box NOT acceptable)

Ocoee FL 34761

City

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

(Chief CEO executive officer)	David Swygert 22 Ben Lomond St. Uniontown PA 15401
(Chief CFO financial officer)	Ashley Wolfe 22 Ben Lomond St. Uniontown PA 15401

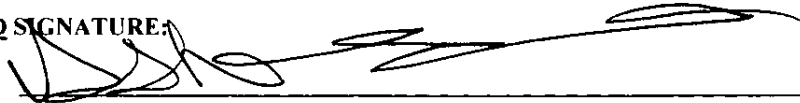
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Ashley E. Wolfe

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)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA