U500025463

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusitiess Ettity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900268710399

02/02/15--01039--013 **155.00

TILED

SEGMENTANCE STATE
SEGMENTANCES FINANCES

FEB 11 2015 S. YOUNG Jessica RiES JYI Monroe DR West Palm Beach, FL 33405 (561) 308-9205

> FILED 15 FEB -2 PM 4:55 SECRETARY OF STATE

COVER LETTER

OT:

TO: Registration Section Division of Corporations
SUBJECT: Appice //A Pizza AND PASTA 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:
JESSICA RIES Name of Person
Applice 11 A PIZZA AND PASTA Firm/Company
Firm/Company
241 MonRoe DRIVE TA TA
Address
City/State and Zip Code APPICE 11A • Pizza @ Yahoo . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
City/State and Zip Code
F-mail address: (to be used for future annual report notification)
is that address. (to be used for factor almost report nonfection)
For further information concerning this matter, please call:
Tess'ica Ries at (561) 308-9205 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & 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:

APPICEILA PIZZA AND PASTA 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:
241 Monroe DR 241 Monroe DR WESTPARM BCH, FL 33405 WEST PARM BEACH, FL 33405
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:
Tessica Ries
Florida street address (P.O. Box NOT acceptable)
West Palm BeachFL 33405 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

a Ries onrhe Drive I Palm Bch, Fr
on rue Dave
on rue Dave
Coln Bib B
100110
•
resentative of a member.
tes, the execution of this document the facts stated herein are true.
t the facts stated herein are true.
ent to the Department of State (5, F.S.)
ent to the Department of State (5, F.S.)
ent to the Department of State (5, F.S.)
ent to the Department of State
ent to the Department of State (5, F.S.) CS signee
ent to the Department of State (5, F.S.) CS ignee of Registered Agent
ent to the Department of State (5, F.S.) CS ignee of Registered Agent
ent to the Department of State (5, F.S.) CS ignee of Registered Agent
ent to the Department of State (5, F.S.) CS ignee of Registered Agent