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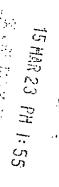
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>SOLORZANOS LATE NIGHT Piz</u> Name of Lis	ZZA.LLC mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	PHILIP SOLORZANO	Name of Person	
		Firm/Company	
	6670 SUPERIOR AVE	Address	
	SARASOTA , FL 34231	City/State and Zip Code	
<u>G</u>	LASSGRIPPER@GMAIL.COM E-mail address: (to be use	ed for future annual report notifica	ition)
For fu	rther information concerning this matter, ple	ase call:	
<u>PHILI</u>	P SOLORZANO at (Name of Person	201) 819-8630 Area Code Daytime Tel	lephone Number
	sed is a check for the following amount: 00 Filing Fee S130.00 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SOLORZANOS LATE NIGHT PIZZA LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6670 SUPERIOR AVENUE SARASOTA, FL 34231	6670 SUPERIOR AVE SARASOTA, FL 34231
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
PHILIP SOLORZANO	
Name	
6670 SUPERIOR AVE Florida street address (P.O. Box N	QT acceptable)
SARASOTA	FL 34231
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
(CONTINUEI))

Page 1 of 2

Title:		Name and Address:		
"AMBR" = Authorized	Member			
"MGR" = Manager		D. W. ID SO. (2071)		
MGR		PHILIP SOLORZANO	<u></u>	
		3536 KINCSTON DLVD 1209	Sea Ph	me
		SARASOTA, FLESTE 3424	<u> </u>	

(Use attachment if neces	ssary)			
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ARTICLE IV-