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1/28/2016

FLORIDA

Division of Corporations

p. 1

L16000015334

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : I20060000145
Phone : (305)769-4936
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FLORIDA LIMITED LIABILITY CO.
PIZZERIA REAL PASTA,LLC.

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

PIZZERIA REAL PASTA, LLC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA
16 JAN 26 AM 11:52

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1900 SABAL PALM DR APT 104 DAVIE, FL 33324

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**JOSE A MENDEZ
508 E 49 ST
HIALEAH, FL 33013**

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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

ARTICLE IV:

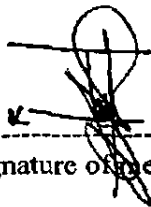
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

AMBR

Name and Address:

ISMAEL J DE SOUSA DA SILVA
1900 SABAL PALM DR APT 104
DAVIE, FL 33324



Signature of 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.)

ISMAEL J DE SOUSA DA SILVA

Typed or printed name of signee.

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TALLAHASSEE FLORIDA