

L16000071999

Florida Department of State

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

From: Account Name : CORP USA
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Phone : (305) 634-3694
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRET
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
DI TUTTO TAKE OUT RESTAURANT LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
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109322

Electronic Filing Menu

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Help

HV000009046

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DI TUTTO TAKE OUT RESTAURANT 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:

PAUL JASINSKI

Name of Person

USA OLL Group LLC

Firm/Company

5960 NW 99 AVE UNIT 2

Address

DORAL FL 33178

City/State and Zip Code

PAULJASINSKI2@Gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Jasinski at (305) 984 8277

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DI TUTTO TAKE OUT RESTAURANT 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:

DI TUTTO TAKE OUT RESTAURANTS AVE
5960 NW 99 AVE UNIT 2
DORAL FL 33178

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:

PAUL JASINSKI
Name
5960 NW 99 AVE UNIT 2
Florida street address (P.O. Box NOT acceptable)
DORAL FL 33178
City State 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.

Paul Jasinski
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 APR 13 AM 10:21

FLORIDA
DIVISION OF CORPORATIONS

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

AMBR

Name and Address:

MARIO CAPUTO
5960 NW 99 AVE UNIT 3
DORAL FL 33178
GLOBAL GROUP 21 LLC
5960 NW 99 AVE UNIT 3
DORAL FL 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 13, 2016 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Paul Jasinski

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Paul Jasinski

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)