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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

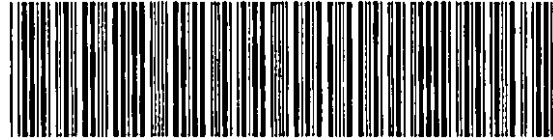
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17 SEP 29 AM 11:13
FBI - LOS ANGELES

OCT 04 2017

T SCHROEDER

WHITE DOVE BUSINESS & FINANCIAL SERVICES, INC.

11720 U.S. 19, Ste 6
PORT RICHEY, FL 34668
(727) 861-2722
FAX: 861-7190

October 3, 2017

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

RE: Gino's NewYork Style Pizzeria Restaurant, LLC

I, Blaise Bonetti, the sole shareholder of Gino's NewYork Style Pizzeria Restaurant, Inc. hereby allow the name as filed with the division of corporations to be used by Gino's NewYork Style Restaurant, LLC.

Thank you

A handwritten signature in black ink, appearing to read "Blaise Bonetti". The signature is fluid and cursive, with the first name "Blaise" and last name "Bonetti" clearly distinguishable.

Blaise Bonetti
President, Director
Gino's NewYork Style
Pizzeria Restaurant, Inc.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GINO'S NEWYORK STYLE PIZZERIA 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:

RICHARD A BOYKO, EA

Name of Person

WHITE DOVE BUSINESS & FINANCIAL SERVICES, INC.

Firm/Company

11720 US 19, SUITE 6

Address

PORT RICHEY, FL 34668

City/State and Zip Code

RABOYKO@WHITEDOVEINC.NET

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

For further information concerning this matter, please call:

RICHARD A BOYKO EA

727

808-5427

at (_____) _____

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GINO'S NEWYORK STYLE PIZZERIA RESTAURANT, LLC

(Must contain 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:

35977 US 19

PALM HARBOR, FL 34683

35977 US 19

PALM HARBOR, FL 34683

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:

BLAISE BONETTI

Name

35977 US 19

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

PALM HARBOR

FL

34683

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

21 SEP
17 SEP 29 AM 11:13
STATE OF FLORIDA
CLERK OF CIRCUIT COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

BLAISE BONETTI

35977 US 19

PALM HARBOR, FL 34683

MGR

DINO BONETTI

35977 US 19

PALM HARBOR, FL 34683

AMBR

NICOLE ALDRICH

35977 US 19

PALM HARBOR, FL 34683

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 22, 2017 (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.

the organization shall be permitted to conduct any and all business allowed under the laws of the State of Florida and the laws of the United States of America

REQUIRED SIGNATURE:



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.

Blaise Bonetti

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)

17 SEP 29 PM 11:13
FILE
DEPARTMENT OF STATE
FLORIDA