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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

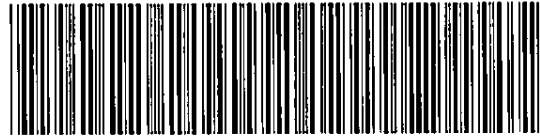
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Certified Copies _____

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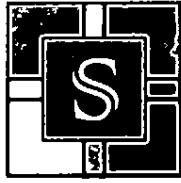


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 28 2018



THE SOTO LAW OFFICE, P.A.

Kimberly Soto, Esq.

www.thesotolawoffice.com

*Wekiva Springs Office Park
415 Montgomery Road, Unit 111
Altamonte Springs, Florida 32714*

*Phone (321) 972-2279
Fax (407) 386-7165
ksoto@thesotolawoffice.com*

February 19, 2018

Via First Class Mail

New Filing Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Tolla's Italian Deli, LLC

Dear Sir/Madam:

Enclosed are the Articles of Organization in connection with the above referenced matter. Also enclosed is check in the amount of \$160.00, payable to the Florida Department of State for filing fees.

Should you have any questions regarding the enclosed, please do not hesitate to contact me.

Sincerely,

Kimberly Soto, Esq.

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Tolla's Italian Deli, 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:

Kimberly Soto, Esquire

Name of Person

The Soto Law Office, P.A.

Firm/Company

415 Montgomery Road, Suite 111

Address

Altamonte Springs, FL 32714

City/State and Zip Code

ksoto@thesotolawoffice.com

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

For further information concerning this matter, please call:

Kimberly Soto, Esquire 321 972-2279

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:

Tolla's Italian Deli, 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:

108 Bay Street, Daytona Beach, FL 32114

Mailing Address:

22 Sea Haven Drive, Ponce Inlet, FL 32127

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:

Gary L. Tolla

Name

22 Sea Haven

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

Ponce Inlet, FL 32127

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)

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TALLAHASSEE, FLORIDA

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

Name and Address:

Gary L. Tolla, Manager

22 Sea Haven, Ponce Inlet, FL 32127

(Use attachment if necessary)

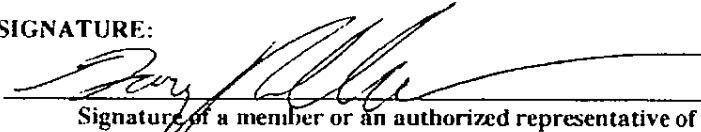
ARTICLE V: Effective date, if other than the date of filing: February 19, 2018 (OPTIONAL)

(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:



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.

GARY TOLLA

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)

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TALLAHASSEE, FLORIDA