

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L18000132337

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To:

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

From:

Maria Velez

Account Name : PLANET HOLLYWOOD INTERNATIONAL, INC.  
Account Number : I20080000100  
Phone : (407) 903-5513  
Fax Number : (407) 352-7310

*\* Please fax confirmation to 5 \**

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

Email Address: mvalez@planethollywoodintl.com

## FLORIDA LIMITED LIABILITY CO.

Bertucci's, LLC Bertucci's Restaurants, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

RECEIVED

2018 MAY 29 PM 12:01

REGISTRATION  
COMMERCIAL  
SERVICES

2018 MAY 29 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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MAY 30 2018

K. Brumbley

5/25/2018

850-617-6381

5/29/2018 10:10:33 AM PAGE 1/001 Fax Server



May 29, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

PLANET HOLLYWOOD INTERNATIONAL, INC.

SUBJECT: BERTUCCI'S, LLC  
REF: W18000050386

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P05000064530.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Taylor B Collins  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H18000161253  
Letter Number: 218A00011067

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

FILED  
2018 MAY 29 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

BERTUCCI'S RESTAURANTS, LLC

**ARTICLE II**  
**Address**

The mailing address and the street address of the principal office of this Limited Liability Company is:

4700 Millenia Blvd., Ste 400  
Orlando, FL 32839

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**

**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Michael E. Neukamm  
GrayRobinson, P.A.  
301 E. Pine Street, Suite 1400  
Orlando, Florida 32801

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in*

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*this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.*



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REGISTERED AGENT'S SIGNATURE

*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 in Section 817.153, Florida Statutes.*



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AUTHORIZED REPRESENTATIVE'S SIGNATURE

---

Thomas Avallone

---

Type or printed name of signee

## FILING FEES:

\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)

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