# 119000109445

(Requestor's Name)		
(Address)		
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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# **COVER LETTER**

	New Filing Section Division of Corporations		
SUBJECT	Harris First Pizza LLC		
SOBJEC		Limited Liability Company	
The enclos	sed Articles of Organization and fee(s	) are submitted for filing.	
Please reti	arn all correspondence concerning this	s matter to the following:	
	Brandon Harris		
		Name of Person	
			-
		Firm/Company	-
	1454 The Crossings		
		Address	
	Niceville, FL 32578		
		City/State and Zip Code	
	xtreamchrist@gmail.com		
	E-mail address: (to be u	sed for future annual report notifica	tion)
For further i	nformation concerning this matter, pl	ease call:	
	Brandoл Harris	313 398-0462	
	Name of Person	Area Code Daytime Telephor	nc Number
Enclosed i	s a check for the following amount:		
]\$125.00 F	iling Fee S130.00 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	Straat Addraw	

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tailahassee, 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

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The name of the Limited Liability Company is:

Harris First Pızza 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:

Mailing Address:		
2310 Magnolia Dr		
Leavenworth, KS 66048		

## 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:

Brandon Harris		
	Name	
1454 The Crossings		
Florida street addres	s (P.O. Box <u><b>NOT</b></u> ac	cceptable)
Niceville	FL	32578
Citv	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)

# ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Brandon Harris
<del></del>	1454 The Crossings
	Niceville, FL 32578
	<del>-</del>
(Use attachment if necessary)	
ne date of filing.)	ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records.
REQUIRED SIGNATURE:	5.
It is document is executed any false in	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
Brandon Harris	
•	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)