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(((H210000081303)))



H210000081303ABCP

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email	Address:			

## FLORIDA LIMITED LIABILITY CO.

## Crunch Pizza LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	S125.00

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From: Vcorp Services, LLC

850-617-6381

1/7/2021 9:51:40 AM PAGE 1/001 Fax Server







January 7, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICE, LLC

•

SUBJECT: CRUNCH PIZZA LLC

REF: W21000001210

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

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

Tim Burch Senior Section Administrator FAX Aud. #: H21000006970 Letter Number: 621A00000276

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited Liabilit	y Company is:	•	
Crunch Pizza LLC			
(Must cont	ain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Limited	d Liability Company is:
	al Office Address:		Mailing Address:
7105 Collins Avenue		710	05 Collins Avenue
Miami Beach, FL 33	141	Mis	arni Beach, FL 33141
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street:	cannot serve as its own ective Florida registration	Registered Agent. on.)	nt's Signature: You must designate an individual or
	Wayne Corts Jr.		
		Name	•
	2222 SW 57th Terra	ce_	
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)
	West-Park	FL.	33023
	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

7071 Jan - 7 FH 10: 03

l'ide:		Name and Address:
'AMBR" = Authorized	Member	
'MGR" = Manager AMBR		Wayne Come In
AMBK	•	Wayne Corts Jr. 2222 SW 57th Terrace
		West Park, FL 33023
		Wth Fair, FL 33023
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(Use attachment if nece	essarv)	
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