

L21000340475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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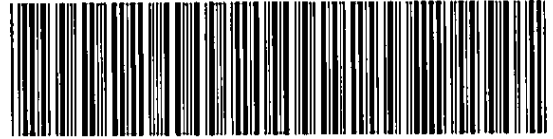
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PETER'S PIZZERIA - FT 1 LLC

Signature

Requested by:

Name

Date

Time

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
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____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
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____ Fictitious Owner Search _____
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____ UCC 1 or 3 File _____
____ UCC 11 Search _____
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SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE I

Name

The name of the Limited Liability Company is:

PETER'S PIZZERIA - FT I LLC

ARTICLE II

Address

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

Principal Office Address:

101 Monument Ave
Port St. Joe, FL 32456

Mailing Address:

101 Monument Ave
Port St. Joe, FL 32456

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Ira R. Shapiro
16375 NE 18th Avenue, Suite 225
North Miami Beach, FL 33162

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.


Ira R. Shapiro, Registered Agent

ARTICLE IV
Management

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

ARTICLE V
Persons Authorized to Manage and Control

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Peter A. Izzo
101 Monument Ave
Port St. Joe, FL 32456

MGR

Robert W. Pokora
101 Monument Ave
Port St. Joe, FL 32456

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Robert Pokora

Robert W. Pokora MGR

(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 for in s.817.155, F.S.)