

## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000404332 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: INFO@RGIRASOLECPA.COM

## FLORIDA LIMITED LIABILITY CO. FLG PIZZA LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

H21000404332

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company  | is:   |                           |
|--|---|---------------------------|
|  | .G PIZZA LLC  |                           |
| (Must end with the wor   | rds "Limited Liability Company, "L.L.C" or "LLC.")  |                           |
| ARTICLE II - Address:<br>The mailing address and street address of the   | e principal office of the Limited Liability Company is:   |                           |
| Principal Office Address:  | Mailing Address:  |                           |
| 21290 BISCAYNE BLVD<br>AVENTURA, FL 33180  | 21290 BISCAYNE BLVD<br>AVENTURA, FL 33180   |                           |
|  | ered Office, & Registered Agent's Signature:<br>we as its own Registered Agent. You must designate an individu<br>da registration.)   | al or                     |
| The name and the Florida street address of the   | he registered agent are:  |                           |
| FRANK GIORE  | DANO  |                           |
|  | Name  |                           |
| 21290 BISCAY   |   |                           |
|  | ess (P.O. Box <u>NOT</u> acceptable)  |                           |
| AVENTURA   | FL 33180  |                           |
| Ci   | ty Zip  |                           |
| the place designated in this certificate, I is capacity. I further agree to comply with the of my duties, and I am familiar with and c | I to accept service of process for the above stated limited liability hereby accept the appointment as registered agent and agree to a see provisions of all statutes relating to the proper and complete paccept the obligations of my position as registered agent as provided the complete of the complete | ict in this<br>erformance |
| Registered A   | gent's Signature (REQUIRED)   |                           |
| FR   | ANK GIORDANO  |                           |
|  | (CONTINUED)   | 7:21                      |
|  | Page 1 of 2   | 2021 1507 - 1             |
|  |   | -77                       |

| itle:   | Name and Address:  |
|---|--|
| AMBR" = Authorized Member   |  |
| MGR" = Manager<br>MGR   | FRANK GIORDANO   |
|   | 224 81ST STREET  |
|   | BROOKLYN, NY 11209   |
|   |  |
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| V: Effective date, if other than the d<br>tive date is listed, the date must be   | date of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 9  |
| V: Effective date, if other than the d<br>tive date is listed, the date must be<br>filing.)   | date of filing:  |
| Use attachment if necessary)  V: Effective date, if other than the ditive date is listed, the date must be filing.)  VI: Other provisions, if any.  | date of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 96   |
| V: Effective date, if other than the d tive date is listed, the date must be filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  | specific and cannot be more than five business days prior to or 9  |
| V: Effective date, if other than the d tive date is listed, the date must be filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false)  | memper or an authorized representative of a member. on 605.0203 (1) (b). Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.   |
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Page 2 of 2