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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Fili	ng Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 809079 4311863 1 AUTHORIZATION : Springle man COST LIMIT : '\$ 155.00 ORDER DATE: June 9, 2023 ORDER TIME : 8:28 AM ORDER NO. : 809079-005 CUSTOMER NO: 4311863 DOMESTIC FILING NAME: ESTIA RESTAURANT, LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP

XX ARTICLES OF ORGANIZATION

____ CERTIFICATE OF GOOD STANDING

XX CERTIFIED COPY

_____ PLAIN STAMPED COPY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

EXAMINER'S INITIALS:

COVER LETTER

	ew Filing Sci ivision of Co						
SUBJECT		aurant LLC					
SUBJECT		Name of Limited Liability Company					
The enclose	ed Articles of	Organization and fee(s) a	re submitted	for filing.			
Please retui	m all corresp	ondence concerning this it	natter to the f	ollowing:			
	Corporation	Service Company					
			Name of	Person			
			Firm/Co	mpany			
			Addre	:SS			
		(City/State and	l Zip Code			
-		E-mail address: (to be used	for future a	nnual report notificat	ion)		
or further in	formation co	ncerning this matter, pleas	e call:				
	Carol Buckal		15	988-6985)			
_	Nam			Daytime Telephon	ne Number		
Enclosed is	a check for th	ne following amount:					
□\$125.00	Filing Fee	LIS130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	_S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

2023 JUN 12 AM 1: 16 SECTEDARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			
Estia Restaurant, LL0				
(Must cona	itin the words "Limited	d Liability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and street ac	ddress of the principal	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
8990 Fontana Del Sol Way		140:	1405 Locust Street	
Naples, FL 34109		Phil	Philadelphia, PA 19102	
The Limited Liability Company nother business entity with an a	cannot serve as its ow active Florida registrat	m Registered Agent. ion.)	You must designate an individual or	
The name and the Florida street	address of the register	ed agent are:		
	Corporation Service	e Company		
		Name		
		Name		
	1201 Hays Street	Name		
		ess (P.O. Box <u>NOT</u> a	cceptable)	
			cceptable)	

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..

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FREDREINGY SE STAT

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" - Manager Dean Pashalis MGR 6 Westmoreland Place Douglaston, NY 11363 MGR Gus Pashalis 532 S. 19th Street Philadelphia, PA 19146 Tasia Pashalis 1238 Fitzwater Street MGR Philadelphia, PA 19147 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

Signature of a number or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Tasia Pashalis

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)

REQUIRED SIGNATURE:

S 5.00 Certificate of Status (Optional)

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