

L23000546041

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : FLORIDA ENTREPRENEUR LAW, P.A.  
Account Number : I20190000063  
Phone :  
Fax Number (954)882-4119 :  
(954)400-5096

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

Email Address:koby@twofatcookies.com

FLORIDA LIMITED LIABILITY CO.  
DEATH BY PIZZA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2023 DEC 11 PM 4:02  
FILED  
2023 DEC 11 PM 3:25  
STATE OF FLORIDA  
TALLAHASSEE, FL

T. MATTHEWS

DEC 12 2023

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: DEATH BY PIZZA, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle K. Suarez, Esq.  
Name of Person  
Florida Entrepreneur Law, P.A.  
Firm/Company  
101 NE 3rd Ave., Suite 1500  
Address  
Fort Lauderdale, FL 33301  
City/State and Zip Code  
koby@twofatcookies.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle K. Suarez, Esq. at ( 954 ) 882-4119  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 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**  
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2023 DEC 11 PM 3:25

DEATH BY PIZZA, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

STATE OF FLORIDA  
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

528 NE 2ND STREET  
Delray, FL 33483

32 SE 2nd Avenue  
Suite B  
Delray Beach, FL 33444

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:

Koby Wexler

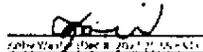
Name

528 NE 2ND STREET

Florida street address (P.O. Box **NOT** acceptable)

Delray Beach	FL	33483
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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR \_\_\_\_\_

Deborah Wexler  
7197 Lorenzo Lane  
Delray Beach, FL 33446

AMBR \_\_\_\_\_

James Wexler  
7197 Lorenzo Lane  
Delray Beach, FL 33446

AMBR \_\_\_\_\_

Zoey Wexler  
650 East Drive  
Delray Beach, FL 33445

AMBR \_\_\_\_\_

Koby Wexler  
32 SE 2nd Ave., Apt. 231  
Delray Beach, FL 33444

(Use attachment if necessary)

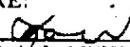
**ARTICLE V:** Effective date, if other than the date of filing: Date of filing (OPTIONAL)

(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.

**REQUIRED SIGNATURE:**

  
Koby Wexler (Sec. 2, 2017 2055 & SF)

**Signature of a member 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.

Koby Wexler

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)

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