L24000 08065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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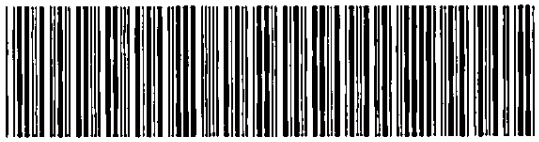

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**CAPITAL CONNECTION, INC.**
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VITA RESTAURANT OPCO LLC

Please Debit **FCA000000003** For: 125

Thank you Seth Neeley

Signature

Requested by:

Name Date Time

Walk-In _____ Will Pick Up _____

- ____ 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_____
- ____ Photo Copy_____
- ____ Certificate of Good Standing_____
- ____ Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
- ____ Fictitious Owner Search_____
- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____

# ARTICLES OF ORGANIZATION

# FOR

# VITA RESTAURANT OPCO LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

## ARTICLE I: NAME

The name of the company is **VITA RESTAURANT OPCO LLC**

## ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **515 E. Las Olas Blvd. Suite 650, Fort Lauderdale, FL 33301**

## ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Angelo & Banta, P.A., 515 E. Las Olas Blvd. Suite 650, Fort Lauderdale, FL 33301**

## ARTICLE IV: AUTHORIZED MEMBER AND OR MANAGER

The name and address of each initial person authorized to manage and control the Limited Liability Company is as follows.

**Thomas P. Angelo, Authorized Member Representative, 515 E. Las Olas Blvd. Suite 650, Fort Lauderdale, FL 33301**

**The undersigned has executed these Articles of Organization for filing purposes this 7th day of Febuary 2024.**

**/S/ Thomas P. Angelo**

**Thomas P. Angelo Authorized Representative of a Member.**

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **VITA RESTAURANT OPCO LLC**

2. The name and street address of the registered agent and office is:

**Angelo & Banta, P.A., 515 E. Las Olas Blvd. Suite 650, Fort Lauderdale, FL 33301**

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

**/S/ Thomas P. Angelo**

**Thomas P. Angelo for Angelo & Banta, P.A.**