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TOS Silver  Lake Max  City/State/Zip	Address  L FL 32746  Phone #		26726543 2679801102016 285.00 ****285.00
CORPORATION NA	ME(S) & DOCUMENT NUM	BER(S), (if known):	
1(Corporat	ion Name) (Do	ocument #)	
2. (Corporat	ion Name) (Do	ocument#)	
3. (Corporat	ion Name) (Do	ocument #)	
4. Corporat	ion Name) (Do	ocument #)	
□ Walk in □	Pick up time	Certified Copy	
Mail out	Will wait Photocopy	Certificate of Status	
NEW-FILINGS	AMENDMENTS.		S <b>9</b>
Profit	Amendment		B O
NonProfit	Resignation of R.A., Officer/Dire	ctor	ASSE COLUMN
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Pother	Merger		D AN II: 05
Annual Report Up: 2 8' Eictitious Name	REGISTRATION/		O f
[ ]	Limited Partnership		
Up: 2 Printer Reservation CC	Reinstatement		•
Acknowledge it DCC	Trademark		
W. P. Verifyer	Other		

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CR2E031(1/95)

Examiner's Initials

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

. The name of the Limited Liability Company is:

LITTLE ITALY GAS+ C-STORE, LL.C.

#### ARTICLE II - Address:

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

3277 N. US 27/441, FRUITLAND PARK, FL 3473/

#### ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

30 YEARS

## ARTICLE IV - Management: (Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

MICHAEL ELYGA - PRESIDENT - 705 SILVERSMITH, LAKE MARY FL 32746 TINA NELSON - MANAUER - 208 MORNINGSIDE AVE, LADY LAKE, FL 32159

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

#### **ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

MICHAGL ELYGA-PRESIDENT

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

	98 TAL
ARTICLE VII - Affidavit of Membership and Contributions	BCT 26 M
The undersigned member or authorized representative of a member of	
LATTLE ITALY GAS + C-STON 1. 1	rtifies:
<ol> <li>the above named limited liability company has at least one member;</li> <li>the total amount of cash contributed by the member(s) is</li> <li>if any, the agreed value of property other than cash contributed by member(s) is         <ul> <li>(A description of the property is attached and made a part hereto.); and</li> <li>the total amount of cash and property contributed and anticipated to be contributed by member(s) is</li> </ul> </li> </ol>	\$_55,000; \$; \$;
Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of affidavit constitutes an affirmation under the penalties of perjury that the stated herein are true.)	
MICHAEL ELYEA	. <del>.</del>
Typed or printed name of signee	y en

Filing Fee: \$250.00 for Articles and Affidavit

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	
	LITTLE FIALN GAS + C-STORE, LLC.	
2.	The name and the Florida street address of the registered agent are:  ACC SECULATION OF THE PROPERTY OF THE PR	
	NAME	
	FL CITY, STATE AND 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.

SIGNATURE SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent