

M05000002878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

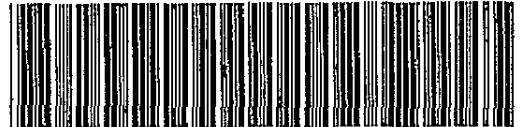
Special Instructions to Filing Officer:

W05-23392

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05/03/05--01017--006 **125.00

05 MAY 17 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The Law Firm of
BEQUETTE & BILLINGSLEY
A Professional Association

GEORGE J. BEQUETTE, JR.
KEITH I. BILLINGSLEY

Metropolitan National Bank Building
425 West Capitol Avenue, Suite 3200
Little Rock, Arkansas 72201-3469

Telephone
(501) 374-1107

Telecopier
(501) 374-5092

May 19, 2005

Mr. Jason Merrick
Document Specialist
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Delvecchio's Pizza
Ref #W05000023392

Dear Mr. Merrick:

We received this material in error. We do not represent Delvecchio's Pizza and have no involvement with this entity. Please contact me should you have any questions or comments.

Very truly yours,


Jay Bequette

Enclosure

T:\MARGO FL Secretary of State.rpt

FILED
05 MAY 17 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 9, 2005

AILEEN DELEHANTY
7300 MACKEREL LN.
HUDSON, FL 34667

SUBJECT: DELVECCHIO'S PIZZA LLC
Ref. Number: W05000023392

We have received your document for DELVECCHIO'S PIZZA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 305A00033072

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 17 PM 2:00

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELUECCHIO'S PIZZA LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

AILEEN DELEHANTY
(Name of Person)

AILEEN B DELEHANTY CPA
(Firm/Company)

7300 MACREREL LN
(Address)

HUTSON FL 34667
(City/State and Zip Code)

For further information concerning this matter, please call:

AILEEN DELEHANTY at (727) 862-3690
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

05 MAY 17 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. DELVECCHIO'S PIZZA LLC
(Name of Foreign Limited Liability Company)

2. NEVADA 3. 20-2403207
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. MAR 8 2005 5. 12/31/2070
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. MAR 8, 2005
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 16 DODECANESE BLVD
TARPON SPGS FL
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

TONY LEON (ATTY)
16 DODECANESE BLVD
TARPON SPGS FL 34689

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

FRANCHISOR - RESTAURANT OPERATIONS

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TONY LEON
Typed or printed name of signee

FILED
05 MAR 17 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

DELVECCHIO'S PIZZA LLC

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

TONY LEON
(Name)

16 DODECANESE BLVD
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

TARPON SPRS FL 34689
City/State/Zip

05 MAY 17 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 608, Florida Statutes.

Tony Leon
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, DEAN HELLER, the Nevada Secretary of State, do hereby certify that **DELVECCHIO'S PIZZA, LLC** did on March 8, 2005, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 23, 2005.

A handwritten signature in cursive script, reading "Dean Heller".

DEAN HELLER
Secretary of State

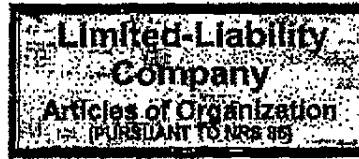


By A handwritten signature in cursive script, likely belonging to the Certification Clerk.
Certification Clerk



DEAN HELLER
Secretary of State

202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5708



Office Use Only:

Entity #
E0145922005-3
Document Number:
20050076171-79

Important: Read attached instructions before completing form.

1. Name of Limited Liability Company:	DELVECCHIO'S PIZZA, LLC			Date Filed: 3/8/2005 9:35:11 AM In the office of <i>Dean Heller</i>
2. Resident Agent Name and Street Address: <small>(must be a Nevada address where process may be served)</small>	National Registered Agents, Inc. Of NV Name 1000 East William Street, Suite 204 Carson City Physical Street Address City Additional Mailing Address City State Zip Code			Dean Heller Secretary of State Zip Code
3. Dissolution Date: <small>(OPTIONAL - see instructions)</small>	Latest date upon which the company is to dissolve (if existence is not perpetual): December 31, 2070			
4. Management: <small>(check one)</small> Names, Addresses, of Manager(s) or Members: <small>(attach additional pages as necessary)</small>	Company shall be managed by _____ Manager(s) OR <u>5</u> Members Tony Leon Name 16 Dodecanese Blvd. Tarpon Springs Florida 34689 Street Address City State Zip Code Robert Egan Name 16 Dodecanese Blvd. Tarpon Springs Florida 34689 Street Address City State Zip Code John Tackett Name 16 Dodecanese Blvd. Tarpon Springs Florida 34689 Street Address City State Zip Code			
5. Other Matters: <small>(see instructions)</small>	Number of additional pages attached: <u>1</u>			
6. Names, Addresses and Signatures of Organizer(s): <small>(attach additional pages if there are more than 3 organizers)</small>	Nellie Akalp Name Signature 30141 Agoura Rd., Suite 205 Agoura Hills California 91301 Address City State Zip Code _____ Name Signature Address City State Zip Code			
7. Certificate of Acceptance of Appointment of Resident Agent:	I hereby accept appointment as Resident Agent for the above named limited liability company. <i>Nellie Akalp ASST SEC</i> 3/1/05 Authorized Signature of R.A. or On Behalf of R.A. Company Date			

This form must be accompanied by appropriate fees. See attached fee schedule.

Nevada Secretary of State Form LLCART (8/99.01)
Revised on 12/1/02

Names Addresses, of Manager(s) or Members:

Donna Delvecchio

16 Dodacanese Blvd.	Tarpon Springs	FL	34689
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Gerald Delvecchio

16 Dodacanese Blvd.	Tarpon Springs	FL	34689
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