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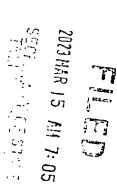
(Danisated Name)			
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
☐ PICK-UP ☐ WAIT ☐ MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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TELORIDA CAPITAL COURIER SERVICES, I 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	INC
Please use funds from this account: 12021000010 Authorization Signature: Rosati's Pizza Enterprises, Inc. BUSINESS NAME	
Certified Copy of ArticlesCertificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other X_ CORP LLLP	AmendmentResignation of R.A. Officer/DirectorChange of Registered Agent or officeDissolutionMergerConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filing Limited Partnership Reinstatement
APOSTILLECountry	Other

EXAMINIER'S INITIALS:____

COVER LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Articles of Domestication - Rosati's Pizza Enterprises, Inc. SUBJECT: Enclosed is an original and one (1) copy of the Articles of Domestication and a check: FEES: \$ 50.00 Certificate of Domestication Articles of Incorporation and Certified Copy § 78.75 \$128.75 Total filing fee OPTIONAL: \$ 8.75 Certificate of Status From: Andrew Donovan Name (printed or typed) 363 W Erie St., Suite 500 Address Chicago, IL 60654 City, State & Zip 312-784-1246 Daytime Telephone Number andrew.donovan@chengcohen.com E-mail address: (to be used for future annual report notification)

INHS53 (3/20)

Articles of Domestication Foreign Corporation Domesticating to Florida

The us	ndersigned, Darren Schmitt Treasurer हैं ज
	OSATI'S PIZZA ENTERPRISES, INC, a foreign S
Dome	ration, in accordance with s. 607.11922, Florida Statutes, submit these Articles of stication.
1.	Then name of the domesticating corporation is ROSATI'S PIZZA ENTERPRISES, INC. (Foreign Corporation)
2.	The jurisdiction and date of its formation is ILLINOIS - FEBRUARY 16, 2022
3.	The name of the domesticated corporation is ROSATI'S PIZZA ENTERPRISES, INC.
4.	The jurisdiction of formation of the domesticated corporation is Florida
5.	The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law.
6.	Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.
l certif	y I am authorized to sign these Articles of Comestication on behalf of the corporation.
	(Authorized Signature)

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME		
THE NAME OF THE CORPORATION SHALL BE:		202 SE
ROSATI'S PIZZA ENTERPRISES, INC.		2023 MAR SECKES TALLS
ARTICLE II PRINCIPAL OFFIC		ु जि
THE PRINCIPAL PLACE OF BUSINESS/ MAILING	G ADDRESS IS:	
Principal Address	Mailing Address	7: 06 STYE
10131 SWEETGRASS CIRCLE, UNIT 104		— 11, 01
NAPLES, FLORIDA 34104		_
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 10,00		
ARTICLE VI REGISTERED A	GENT AND STREET ADDRESS	
THE NAME AND FLORIDA STREET ADDRESS	E (P.O. BOX NOT ACCEPTABLE) OF THE REGIS	TERED AGENT IS:
Darren Schmitt		
10131 SWEETGRASS CIRCLE, UNIT 104	***********	
NAPLES, FLORIDA 34104		
HAVING BEEN NAMED AS REGISTERED AC	GENT AND TO ACCEPT SERVICE OF PROCE	ESS FOR THE
ABOVE STATED CORPORATION AT THE PLA		
WITH AND ACCEPT THE APPOINTMENT AS	REGISTERED AGENT AND AGREE TO ACT	IN THIS
CAPACITY.	3,	19/2023
Signature/Registered Agent	Date	

ARTICLE V DIRECTORS AND/ OR OFFICERS

Signature/Authorized Person

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: David Rosati - Director / Vice President Anthony Rosati - Director / President Name & Title: Name & Title: 10131 SWEETGRASS CIRCLE, UNIT 104 10131 SWEETGRASS CIRCLE UNIT 104 Address: Address: NAPLES, FLORIDA 34104 NAPLES, FLORIDA 34104 Darren Schmitt - Director / Treasurer Andrew Rosati - Director / Secretary Name & Title: Name & Title: 10131 SWEETGRASS CIRCLE, UNIT 104 10101 SWEETGRASS CIRCLE UNIT 104 Address: Address: NAPLES, FLORIDA 34104 NAPLES, FLORIDA 34104 Name & Title: Name & Title: _ Address: Address: Name & Title: Name & Title: Address: Address: I submit this document and affirm that the facts stated herein are true. I am aware that 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.