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|------------|--------------|-------------------------------------------------|--------|--------|------|------|
| 05/19/2025 | 202513903848 | FOREIGN LLC - CERTIFICATE OF REGISTRATION (LFP) | 99.00  | 100.00 | 0.00 | 0.00 |

**Receipt**

This is not a bill. Please do not remit payment.

MEKANI OROW MEKANI SHALLAL & HINDO PC  
255 S. OLD WOODWARD AVE  
SUITE 304  
BIRMINGHAM, MI 48009

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**5411319**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**PITA WAY ELYRIA, LLC**

and, that said business records show the filing and recording of:

Document(s)

**FOREIGN LLC - CERTIFICATE OF REGISTRATION**  
Effective Date: 05/19/2025

Document No(s):

**202513903848**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
19th day of May, A.D. 2025.

**Ohio Secretary of State**

Form 617 Prescribed by:

Date Electronically Filed: 5/19/2025



Telephone: 877.767.3453

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

**Registration of a Foreign Limited Liability Company**  
**For a Foreign (Non-Ohio) Limited Liability Company**  
**Filing Fee: \$99**  
**Form Must Be Typed**  
**106-LFA**

Name of Limited Liability Company in its jurisdiction of formation

PITA WAY ELYRIA, LLC

Assumed Name, if the name above does not comply with section 1706.07 of the Revised Code

(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "ltd.", or "ltd".)

Jurisdiction of formation MI

The foreign limited liability company is a foreign limited liability company.

**Optional:**

Effective Date (MM/DD/YYYY) 5/19/2025

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a registration of a foreign limited liability company delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A registration of a foreign limited liability is effective as provided in Ohio Revised Code Section 1706.172(D).

**If applicable, attach information required in section 1706.511(C) if the foreign limited liability company establishes or provides for the establishment of one or more series of assets.**

**Original Appointment of Statutory Agent**

The undersigned authorized member(s), manager(s) or representative(s) of

PITA WAY ELYRIA, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

CLINTON BOYD

(Name of Statutory Agent)

645 CHESTNUT COMMONS DR

(Mailing Address)

ELYRIA

(Mailing City)

OH

(Mailing State)

44035

(Mailing ZIP Code)

**Acceptance of Appointment**

The Undersigned, 

CLINTON BOYD

, named herein as the  
(Name of Statutory Agent)

Statutory agent for 

PITA WAY ELYRIA, LLC

  
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature 

CLINTON BOYD

  
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Filed by Corporations Division Administrator   Filing Number: 225956893500   Date: 05/07/2025



Form Revision Date 02/20

## ARTICLES OF ORGANIZATION

For use by DOMESTIC LIMITED LIABILITY COMPANY

*Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Articles:*

### Article I

The name of the limited liability company is:

PITA WAY ELYRIA, LLC

### Article II

Unless the articles of organization otherwise provide, all limited liability companies formed pursuant to 1993 PA 23 have the purpose of engaging in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan. You may provide a more specific purpose:

### Article III

The duration of the limited liability company if other than perpetual is:

PERPETUAL

### Article IV

The street address of the registered office of the limited liability company and the name of the resident agent at the registered office (P.O. Boxes are not acceptable):

1. Agent Name: BRANDON BAHOURA

2. Street Address: 6315 SASHABAW ROAD

Apt/Suite/Other: SUITE F

City: CLARKSTON

State: MI

Zip Code: 48346

3. Registered Office Mailing Address:

P.O. Box or Street

Address:

Apt/Suite/Other:

City:

State:

Zip Code:

### Article v

(Insert any desired additional provision authorized by the Act.)

THIS COMPANY SHALL BE MANAGER, MANAGED. SAID MANAGER SHALL BE APPOINTED BY MEMBERS.

Signed this 7th Day of May, 2025 by the organizer(s):

| Signature       | Title     | Title if "Other" was selected |
|-----------------|-----------|-------------------------------|
| Brandon Bahoura | Organizer |                               |
|                 |           |                               |

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.



Decline



Accept

Filed by Corporations Division Administrator Filing Number: 225956893500 Date: 05/07/2025

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

***This is to Certify that the*** ARTICLES OF ORGANIZATION

***for***

PITA WAY ELYRIA, LLC

***ID Number:*** 803386151

***received by electronic transmission on*** May 07, 2025 ***, is hereby endorsed.***

***Filed on*** May 07, 2025 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 7th day of May, 2025.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***