

L12000065301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

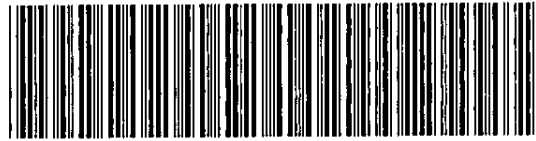
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

MAY 15 2012

EXAMINER



100235036251

05/14/12--01014--025 **130.00

EFFECTIVE DATE 5/15/2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAFFE' LUNA, INC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

EFFECTIVE DATE 5/15/2012

Please return all correspondence concerning this matter to the following:

PIETRO CIVILETTI
Name of Person

CAFFE' LUNA, INC.
Firm/Company

691 SW SARDINIA AVE.
Address

PORT ST. LUCIE, FL 34953
City/State and Zip Code

CIVILETTI @ VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PIETRO CIVILETTI at (718) 666-2642
Name of Person Area Code & Daytime Telephone Number

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 (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE 5/15/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAFFE' LUNA L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

691 SW SARDINIA AVE
PORT ST. LUCIE
FL. 34953

Mailing Address:

691 SW SARDINIA AVE
PORT ST. LUCIE
FL. 34953

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PIETRO CIVILETTI

Name

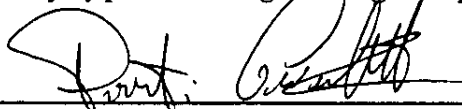
691 SW SARDINIA AVE.

Florida street address (P.O. Box **NOT** acceptable)

PORT ST. LUCIE FL 34953

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, as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

PIETRO CIVILETTI
691 SW SARDINIA AVE.
PORT ST-LUCIE, FL 34953

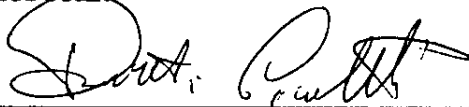
MGRM

VINCENZO CIVILETTI
691 SW SARDINIA AVE.
PORT ST-LUCIE, FL 34953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 15 2012. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

PIETRO CIVILETTI

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)