

L16000195639

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
BONINO USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS

OCT 26 2016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BONINO USA LLC

(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:

251 Dunbar Ave  
Oldsmar, FL 34677-1067

Mailing Address:

P.O. Box 1067  
Oldsmar, FL 34677-1067

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:

Filippo Oliva

Name

1221 Brickell Avenue, Suite 1160

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

MIAMI

FL

33131

City

State

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2016 OCT 25 PM 1:13  
FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

\*AMBR\* = Authorized Member

\*MGR\* = Manager

SEE ATTACHED

**Name and Address:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

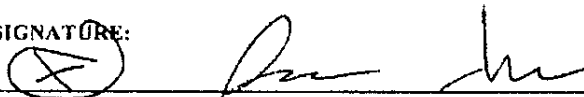
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

_____
_____
_____

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Filippo Oliva

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)

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FILED  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

AMBR

Bonino Corp, 1221 Brickell Avenue, Suite 1160, Miami, FL, 33131

Performance Feeders Inc., 251 Dunbar Ave., P.O. Box 1067 - Oldsmar, FL 34677-1067

Chad Roberts, 251 Dunbar Ave., P.O. Box 1067 - Oldsmar, FL 34677-1067

MGR

Paolo Bonino, 1221 Brickell Avenue, Suite 1160, Miami, FL, 33131

Chad Roberts, 251 Dunbar Ave., P.O. Box 1067 - Oldsmar, FL 34677-1067