1/11/2018

Division of Corporations

Florida Department of State Division Constation Electrinic Fling Cover Ship

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000013663 3)))



H180000136633AB0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

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. FRANCESCA ANTINORI LLC

	*
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

18 JAN 11 PHI2: 23

Electronic Filing Menu

Corporate Filing Menu

Help

314 1 2 2018

k Brumbley

P. 002

ARTICLES OF ORGANIZATION	NFOR FLORIDALE	VIITED LABIL	ITÝ COMPANY	15. 15.	ر 18	
			j	並向	JAN i I	
ARTICLE I - Name:			1	AST I		
The name of the Limited Liability Company is:				SE	_	•
				ù ⊂:	7	
Francesca	a Antinori	LLC		<u></u>	<u> </u>	ļ
(Must end with the words "I	Limited Liability Co	empany, "L.L.(C.;" or "LLC.")	0.77	• •	٠
ARTICLE II - Address:			•	921	CO CO	
The mailing address and street address of the prin	noipal office of the l	Limited Liabili	ty Company is:	200	_	
Principal Office Address:	Malling Address	Ė				
255 Sunrise Dr unit 201		unrise Dr ut				
Key Biscayne, FL 33149	y Biscayne, FL 33149 Key Biscayne, FL 33149					
United States	Unite	States	<u> </u>			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered	ed Agent's Sig Agent. You mi	nature: ist designate an ii	edividual (or	
The name and the Florida street address of the re-	gistered agent are:	}				
Frances	sca Larrain					
	Name					
255						
255_sunr	rise ar	-11-X				
Florida street address (P	O' Box MOT seed	pusous)				
Key biscayne	e FL	33149				
<u>Key biscayne</u> City		Zip				
Having been named as registered agent and to at the place designated in this certificate. I hereb capacity. I further agree to comply with the proof my duties, and I am familiar with and accept	ry accept the appoint visions of all stante	tment as registe is relating to the my position as t	tred agent and ag e proper and com	ree to act plete perfo	in this Irmanci	
1-Ga	esela lavini	и				
Registered Agent	Signature (REQU	TRED)				
·	NTENUED)					
ř	nge Lof2	J				

. <u>-</u> .

ARTICLE IV- The name and address of each person auth-	orized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Mmager	Name and Address:
AMBR	Francesca Larrain
	255 Sunrise Dr unit 201
	Key Biscayne, FL 33149 United States
MGR	Rossana Sadivia
 	255 Sunrise Dr unit 201
	Key Biscayne, FL 33149
(Use attachment if necessary)	United States
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specithe date of filing.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
-	rancesca Larrivin
(In accordance with section 60 constitutes an affirmation und 1 2m aware that any false info	ther or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true, remation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
	Francesca Larrain Typed or printed name of signoc