



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.

((H20000259841 3)))



H20000259841 3AFC+

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 : 120000000146
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.
VILLA VASSALLO PIZZA MIAMI LLC

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

J. FASON

AUG 05 2020

Electronic Filing Menu

Corporate Filing Menu

Help

2020 AUG -4 PM 1:30

RECEIVED

2020 AUG -4 PM 1:08

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VILLA VASSALLO PIZZA MIAMI LLC

(Must contain 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:Mailing Address:200 LAKEVIEW DRAPT 207WESTON, FL 33326SAME

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:

PATRICIA SOARES RODRIGUES MELLO

Name

200 LAVIEW DR APT 207Florida street address (P.O. Box **NOT** acceptable)WESTONFL33326

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.

Patricia Mello

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 AUG -4 PM 1:30
FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR _____

PATRICIA SOARES RODRIGUES MELLO 70% _____

200 LAKEVIEW DR APT 207 _____

WESTON, FL 33326 _____

AMBR _____

DANIEL CRISTOPHER VASSALLO 30% _____

200 LAKEVIEW DR APT 207 _____

WESTON, FL 33326 _____

(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:***Patricia Mello*

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.

PATRICIA SOARES RODRIGUES MELLO _____

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)

2020 AUG -4 PM 1:30

FILED