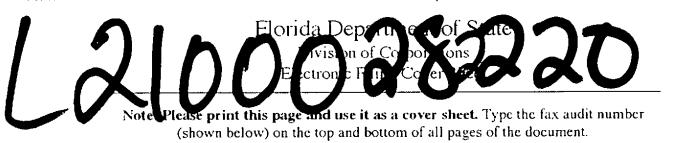
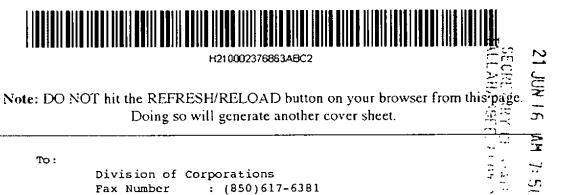
6/16/2021

Division of Corporations



(((H21000237686 3)))



From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*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. 151 MISAGIAVITO LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176381 From: 12147128131 Date: 06/16/21 Time: 7:05 PM Page: 03/03

DocuSign Envelope ID: CC4879CA-B1EF-4B4B-BE49-3CFA951E9203

(((H21000237686 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR MGR	Giovanni Calandriello La Torraca 500 Brickell Avenue, 901 Miami, FL 33131	
		AEDREI ALLAHS
(Use attachment if necessary)		ART
ective date is listed, the date must be s	te of filing: (OPTIONAl specific and cannot be more than five business days prior	L) to or 90 da
of filing.) The date inserted in this block does not ment's effective date on the Departmen	t meet the applicable statutory filing requirements, this date	will not be

REOUIRED 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.

Giovanni Calandriello La Torraca

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)

DocuSign Envelope ID; CC4879CA-B1EF-4B4B-BE49-3CFA951E9203

(((H21000237686 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is.

151 MISAGIAVITO LLC

(Must conatin 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:
500 Brickell Avenue, 901	500 Brickell Avenue, 901
Miami, FL 33131	Miami, FL 33131

## 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:

Name

500 Brickell Avenue, 901

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 may 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)