Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : UNITED AGENT SERVICES LLC

Account Number : I20210000087 Phone : (866)245-2669 Fax Number : (520)333-2793

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

compliance@unitedagentservices.com Email Address:

> FLORIDA LIMITED LIABILITY CO. CPO COSTRUZIONI L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liabilit	y Company is:					
<u>CPO COSTRUZION</u>						
(Must cont	ain the words "Limited L	iability Com	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the L	imited Liability Company is:			
<u>Princip</u>	al Office Address:		Mailing Address:			
9100 CONROY WIN	DERMERE RD #200-U	IAS	9100 CONROY WINDERMERE RD			
WINDERMERE, FL		<u> </u>	SUITE #200-UAS			
			WINDERMERE, FL 34786			
ARTICLE III - Registered Age (The Limited Liability Company			d Agent's Signature: agent. You must designate an individual c	DΓ		
another business entity with an						
The many and the Florida atmost	addense of the registered	acant ara:				
The name and the Florida street	andress of the registered	ageniaic.				
	UNITED AGENT SE	RVICES LL	.C			
		Name				
	9100 CONROY WIN	DERMERE	RD #200-UAS			
	Florida street address					
	WINDERMERE	FL	34786			
	City	State	Zip			
place designated in this certificate, further agree to comply with the pr	I hereby accept the appo ovisions of all statutes re	intment as re lating to the	for the above stated limited liability comp egistered agent and agree to act in this cap proper and complete performance of my a agent as provided for in Chapter 605, F.S	pacity. I hities, and		
		0 -		<u>; - ; </u>	<u> </u>	
	Henry	(CB	Agrature (REQUIRED)		3	-1
	Regige	red Agent s	Øignature J REQUIRED)		<u></u>	
		404554075]]] [,
		(CONTIN	UED)	-	-	, -
					ら	•

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

Fm: MyFax - United Agent Services

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
	FORINO MICHELE	
AMBR	VIA ARECHI N. I	
	ROCCAPIEMONTE (SA) 84086 ITALY	
<u></u>		
		
		
(Use attachment if necessary)		
	date of filing: (OPTIONAL)	_
	e specific and cannot be more than five business days prior to or 90 days	alter
he date of filing.) Note: If the date inserted in this block does n	ot meet the applicable statutory filing requirements, this date will not be li	isted as
he document's effective date on the Departm		15100 12
ARTICLE VI: Other provisions, if any.	CALLERY AND CONTRACTOR OF THE CALLERY	
	uation of the Italian L.L.C. "CPO COSTRUZIONI SRL" with registered 3, Interno 1, Napoli (NA) 80143, Italy with fully paid up capital of Euro	
102,000.00; Company Registry and Tax Code		_
102,000.00. Company Reginary and Fact Care	70105 1720055, 114pon 103 to 141 5 1 1751.	_
REQUIRED SIGNATURE:		
	· · · · · · · · · · · · · · · · · · ·	
976	many C. Boyce, Or. member or an authorized representative of a member.	
Signature of a	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.	
	Talse information submitted in a document to the Department of State	
	gree felony as provided for in s.817.155, F.S.	
Henry C. Boy	rec, Ir., authorized representative Typed or printed name of signee	
	Cyped of printed hame of signed	
	Filing Fees:	
\$125.00 Filing Fee for Articles of	Organization and Designation of Registered Agent	2

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