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(Requestor's Name)

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(Address)

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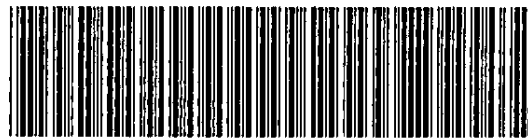
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TALLAHASSEE, FLORIDA

C11-9044

T. CLINE

JAN 28 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOLIGNO, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

lorena pardo
Name of Person

floridian title group
Firm/Company

2999 NE 191 STREET, PH8
Address

aventura, florida 33180
City/State and Zip Code

pardo.lorena@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

lorena pardo at (305) 792-4911
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
FOLIGNO, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
the principal and mailing address and the managing members address shall be:

445 Grand Bay Drive, APT. 211.

KEY BISCAVNE FL 33149

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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TALLAHASSEE, FLORIDA

Dated: _____

Signature of a member or authorized representative of a member

Vincenzo Di Silvo.

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

H11000017197

ARTICLES OF ORGANIZATION OF
FOLIGNO, LLC
A FLORIDA LIMITED LIABILITY COMPANY

The undersigned desiring to form a Limited Liability Company under and pursuant to Section 608.404 of the Limited Liability Act, pursuant to Chapter 608 of the Florida Statutes, of the State of Florida, do hereby certify as follows:

FIRST: The name of said Limited Liability Company shall be, FOLIGNO, LLC and the mailing address and the street address of the principal office of the limited liability company shall 445 GRAND VIEW DRIVE, APT 211, KEY BISCAYNE, FLORIDA 33149, and the street address of the principal office of the limited liability company shall be: 445 GRAND VIEW DRIVE, APT 211, KEY BISCAYNE, FLORIDA 33149,

SECOND: FOLIGNO, LLC shall have a perpetual duration from the date of filing of these Articles of Organization.

THIRD: The purposes for which, FOLIGNO, LLC is formed are:

(A) to purchase, sell Real Estate, distribute, invest in, and otherwise deal with a variety of products and services within and outside the State of Florida as agent for any parent companies, subject to such laws and regulations governing licensing and other requirements, pertinent thereto, on its own account and for the accounts of others; and penetrate new markets

(B) to engage in such other lawful acts or activities for which limited liability companies may be formed under Chapter 608 of the Statutes of the State of Florida.

FOURTH: The maximum number of ownership units which, FOLIGNO, LLC is authorized to have outstanding is one hundred (100), all of which shall be identical units, and each of which shall represent the ownership of that percentage of the total units outstanding at any time as is the equivalent of the ratio in which one (1) is the numerator and the total units outstanding is the denominator.

FIFTH: This limited liability company shall be member-managed and will have TWO managing members VIRGINIA LUZ DI SALVO at 445 GRAND VIEW DRIVE, APT 211, KEY BISCAYNE, FLORIDA 33149 and HECTOR HUGO BIANCHI at 445 GRAND


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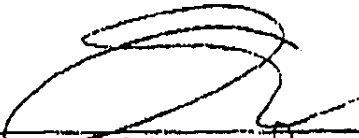
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VIEW DRIVE, APT 211, KEY BISCAYNE, FLORIDA 33149. The members shall be VIRGINIA LUZ DI SALVO 50% at 445 GRAND VIEW DRIVE, APT 211, KEY BISCAYNE, FLORIDA 33149 and HECTOR HUGO BIANCHI 50% at 445 GRAND VIEW DRIVE, APT 211, KEY BISCAYNE, FLORIDA 33149

SIXTH: The name and mailing address of the company's registered agent is OSCAR GRISALES-RACINI, PA, whose mailing address is 2999 NE 191 STREET, PH8, AVENTURA, FLORIDA 33180

IN WITNESS WHEREOF, I have hereunto subscribed my name this 21st day of January 2011.


MANAGING MEMBER POA


MANAGING MEMBER POA

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DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent in the State of Florida.

- The name of the limited liability company is FOLIGNO, LLC
- The name of the registered agent is OSCAR GRISALES-RACINI, PA
- The address of the registered agent/registered office is 2999 NE 191 STREET, PH8, AVENTURA, FLORIDA 33180

Acceptance

Having been named as registered agent and designated to accept service of process for the above limited liability company, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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.

By: 

For the Company

Date: 1/21/11

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