L01000018639

TRANSMITTAL LETTER

Department of State Division of Corporation P.O.Box 6327 Tallahassee, FL. 3231	÷		300	# 00454 C -10/16/010 ******26.25	0213! 1035016 *****26.25
	FIOR INTERNAZION. (Proposed corporate name – mu	st include suffix)	300	004540 -08/17/010 ******78.75 004540 -10/29/010 ******25.00	1056006 ******78.75 2135 1013012
Filing Fee Fil	\$78.75 ling Fee Certificate of Status	Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Co & Certificate Status		
		ADDITIONAL CO	PY REQUIR	ED W01-241	122
F	Name (I 50 H) City	RAMON REYES Printed or typed) 035 PALM AVE. Address [ALEAH,FL. 33012] 7, State & Zip (305)822-0669 Telephone number		CU9 \$2	SECRETARY OF STATE DIVISION OF CORPORATIONS 8
				++-	

NOTE:Please provide the original and one copy of the articles

Up

along of



October 18, 2001

RAMON REYES 5035 PALM AVE. HIALEAH, FL 33012

SUBJECT: DA' FIOR INTERNAZIONALLE, L.L.C.

Ref. Number: W01000024122

We have received your document for DA' FIOR INTERNAZIONALLE, L.L.C. and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 201A00057612

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DA' FIOR INTERNAZIONALLE, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 8430 NW 61st ST. MIAMI, FL. 33166

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

VITTORIO L. RIVALTA

Name

8980 S. HOLLYBROOK BLVD. APT 204

Florida street address (P.O. Box NOT acceptable)

PEMBROKE PINES, FL. 33025

City, State, and 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 608, F.S..

Megistered Agent's Signature

Article IV - Management (Check box if applicable.)

X The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

VITTORIO L. RIVALTA

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article IV- Management

MGRM/ Carlos Alberto Domingo 4687 NW 112 CT. Miami, FL. 33178

MGRM/ Vittorio L. Rivalta 8980 S. Hollybrook Blvd. Apt. 204 Miami, FL. 33025

MGRM/ Juan Enrique Espinosa 8205 Lakes Dr. Apt. 208-A Miami, FL. 33166

SECRETARY OF STATE DIVISION OF CORPORATIONS