Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

Phone : (305) 674-3313

Fax Number : (305) 674-3359

LIMITED LIABILITY COMPANY

MICHAEL MACCHIARELLA LLC

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

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is: MICHAEL MACCHIARELLA LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 20348 MONTEVERDI CIRCLE

BOCA RATON, FL 33498

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REIGSTERED AGENT SIGNATURE

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

MICHAEL MACCHIARELLA 20348 MONTEVERDI CIRCLE BOCA RATON, FL 33498

Having been named as registered agent 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..

Michael Machiaella

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one and is, therefore a member-managed company.

ARTICLE V MEMBERS (optional)

Member #1
MICHAEL MACCHIARELLA
20348 MONTEVERDI CIRCLE
BOCA RATON, FL 33498

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.

MICHAEL MACCHIARELLA, MEMBER

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