

L04000046659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

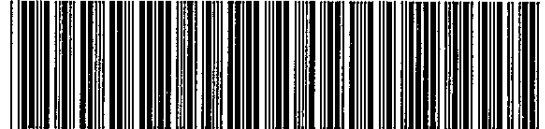
(Business Entity Name)

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06 JUN 22 AM 10:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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04 JUN 22 PM 1:15
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

VALIDATION ONLY

Lindsay 6/21/04
Donkley + Associates
Requestor's Name
Address 6232A
City State ZIP Phone

CORPORATION(S) NAME

Bononia Investment, LLC

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

| |
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BONONIA Investment, LLC.

ARTICLE II - Address:

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

Principal Office Address:

9601 Collins Ave
1103
BAL Harbour, FL 33154

Mailing Address:

9601 Collins Ave
#1103
BAL Harbour, FL 33154

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

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

Lindsay Dunkley
Name
9601 Collins Ave #1103
Florida street address (P.O. Box **NOT** acceptable)
BAL Harbour FLORIDA 33154
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, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

GIOVAN BATTISTA TONIUTTI
9601 COLLINS AVE # 1103
BAL HARBOUR FL 33154

MGR

ALARECIDA MENDES FORTO TONIUTTI
9601 COLLINS AVE # 1103
BAL HARBOUR FL 33154

MGR

SIANNI MENDES TONIUTTI
9601 COLLINS AVE # 1103
BAL HARBOUR FL 33154

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Giovan Battista Toniutti
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.)

GIOVAN BATTISTA TONIUTTI
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)