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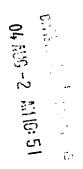
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations				
SUBJECT: Casa Bella Montana, LLC					
50.20	(Name of Limited Liability Company)				
The end	closed Articles of Organization and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to the following:				
Janice P Scirrotto					
	(Name of Person)				
Casa Bella Mantana, LLC					
(Firm/Company)					
_	18319 Oak Leaf Dr.				
_	(Address)				
	Jupiter, Florida 33458				
(City/State and Zip Code)					
For furt	ther information concerning this matter, please call:				
	Janice P Scirrotto at (561) 744-9664				
	(Name of Person) (Area Code & Daytime Telephone Number)	2			
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		04 AUS -2			
		ž:			

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

Casa Bella Montana, LLC				
ARTICLE II - Ad				
The mailing addres	ss and street address of the	orincipal office of the Limited Liability Compa		
Principal Office A	Address:	Mailing Address:		
18319 OaK Leaf Dr.		18319 Oak Leaf Dr.		
Jupiter, FL 33458		Jupiter, FL 33458		
	egistered Agent, Register Florida street address of the	ed Office, & Registered Agent's Signature: registered agent are:		
	Florida street address of the	registered agent are:		
		registered agent are:		
	Florida street address of the Janice P	registered agent are: Scirrotto		
	Florida street address of the Janice P Nan 18319 Oal	registered agent are: Scirrotto		
	Florida street address of the Janice P Nan 18319 Oal	registered agent are: Scirrotto e Leaf Dr.		

Page 1 of 2

(CONTINUED)

registered agent as provided for in Chapter 608, Florida Statutes..

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Janice P Scirrotto	
	18319 Oak Leaf Dr.	
	Jupiter, FL 33458	
MGR	Denis DeStefano	
	310 Commons Way	
	Palm Beach Gardens, FL 33418	
MGR	Gregoory A Scirrotto	
	18319 Oak Leaf Dr.	
	Jupiter, FL 33458	
(Use attachment if necessary)		
NOTE: An additional article must b	e added if an effective date is requested.	
REQUIRED SIGNATURE:		
\sim - \sim) C ==	
June J. Smorts		
Signature of a member or an authorized representative of a member.		
(In accordance with section 608 of this document constitutes an that the facts stated herein are to	8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury rue.)	
Jani	ce P Scirrotto	
Typed or pa	rinted name of signee	
Filing Fee for Articles of Organization Designation of Registered Agent Certified Copy (Optional) Certificate of Status (Optional)		