

L05000048167

https://efile.sunbiz.org/scripts/efilecovr.exe

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000122176 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : FAG-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

CAMPO DEI FIORI L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	023
Estimated Charge	\$155.00

RECEIVED  
05 MAY 13 PM 12:41  
DIVISION OF CORPORATION

FILED  
2013 MAY 13 AM 11:00  
SECRETARY OF STATE

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgment	DCC
W. P. Verifier	DCC

Electronic Filing Menu

Corporate Filing

Public Access Help

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CAMPO DEI FIORI L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

12000 Biscayne Blvd #507

Miami, Fl 33181

**Mailing Address:**

SAME

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

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

UGO V. CHIARATO

Name

12000 BISCAYNE BLVD # 507

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

MIAMI

FL

33181

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.*

*Ugo V. Chiarato*

Registered Agent's Signature

A 11:15


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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>SPETANO IADAROLA</u> <u>419C Espanola Way</u> <u>Miami Beach, Fl 33139</u>
<u>MEMBER</u>	<u>JULIAN GOLPA</u> <u>132 Dockside Circle</u> <u>Weston, Fl 33327</u>
<u>MEMBER</u>	<u>DANILO CACACE</u> <u>407 Lincoln Road #4C</u> <u>Miami Beach, Fl 33139</u>
<u>MEMBER</u>	<u>LUIGI AMEDEO PALMA</u> <u>407 Lincoln Road #4C</u> <u>Miami Beach, Fl 33139</u>

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
 Signature of a member or an authorized representative of a member.  
 (In accordance with section 608.408(7), Florida Statute, the execution  
 of this document constitutes an affirmation under the penalties of perjury  
 that the facts stated herein are true.)  
STEFANO IADAROLA  
 typed or printed name of signor  
 Stefano Iadarola

FILED  
 2005 MAY 13 A 11:15  
 SECRETARY OF STATE  
 TREASURY