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(Rec	questor's Name)	
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TRANSMITTAL LETTER

TO: Registration Division of C			
SUBJECT: Saverio	Cerra LLC		
	(Name of Limit	ted Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
Saverio			
		(Name of Person)	
Saverio Cerra LLC			
***************************************		(Firm/Company)	Æ 23
33 Blenaei	m Rd.		PILED PHIZ: 44 PHIZ: 44 PHIZ: 44 PHIZ: 44 PHIZ: 44 PHIZ: 44
		(Address)	ILET HASSE
Shali	lmar, FL 32579		STAN THE COLUMN THE CO
*****		/State and Zip Code)	
For further information	concerning this matter, please	cail:	¥ 5.
Saverio Cerra		at (850) 651-5406	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:	MAILING AI	DDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY (ARTICLE I - Name: The name of the Limited Liability Company is: Saverio Cerra LLC **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 33 Blenheim Rd. 33 Blenheim Rd. Shalimar, FL 32579 Shalimar, FL 32579 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Saverio Cerra Name 33 Blenheim Rd. Florida street address (P.O. Box NOT acceptable) 32579 Shalimar, 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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Saverio Cerra
	33 Blenheim Rd.
	Shalimar, FL 32579
(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
Standard	vuio Cuud. er or an authorized representative of a member.
(In accordance with s	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
Saverio Cerra	
T	yped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Org of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Options	

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