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(Re	equestor's Name)	
(Ac	ddress)	
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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2005 SEP 22 PM 3: 5

Office Use Only

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COVER LETTER

FILEL

TO: Registration Section 2005 SEP 22 PM 3:51 Division of Corporations ALLAHASSEE FLORIDA (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount: X \$130.00 Filing Fee & ☐ \$125.00 Filing Fee ☐ \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3380 McDonald St. MIRMI, FL 83133	3380 McDonald St. MIGMI, FL 33133
	and the second s

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Bruno G.		vesella_
	ame 1	
3380 Mil	bowald	Zt.
Florida stree	et address (P.O	. Box <u>NOT</u> acceptable)
MIGMI	FL	33133
City, Si	ate, 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..

stered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

	Managing Member(s): Anager or Managing Member is as follows Name and Address:
ARTICLE IV- Manager(s) or M	Anaging Member(s): anager or Managing Member is as follows Name and Address:
The name and address of each Ma	inager or Managing Member is as follows
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	FLORINE.
MGR Partner	Urania Enterprises INC.
<u> </u>	3380 Milloueld St
	Might, FL 33133
<u> </u>	
	
(Use attachment if necessary)	
FICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
an effective date is listed, the date must or 90 days after the date of filing.)	st be specific and cannot be more than five business days prior
1 90 days after the date of fining.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	
\sim	
Signature of a me	ember or an authorized representative of a member.
(In accordance wit	th section 608.408(3), Florida Statutes, the execution
	constitutes an affirmation under the penalties of perjury ted herein are true.)
Brun	vo (s. Carnesella

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)