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## TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: Domenic	a, LLC			
	(Name of Limited	i Liability Company)		
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
Michael I			····	
	(1)	Name of Person)		
Domenica, LLC			<b>~</b>	9
00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1	Firm/Company)	95.2	SECI
413 Prairie I	Lake Drive		10V 30	SECRETARY OF STATE
		(Address)		ORP OF
Fern	Park, Florida 32730		2005 NOV 30 PM 12: 26	RATION
	(City/	State and Zip Code)		·
For further information	concerning this matter, please	call:		
Michael Piumelli	of Person)	at (407 468-0767 (Area Code & Daytime Te	elephone Number)	
		` •	•	
Enclosed is a check fo	r the following amount:			
□ \$125.00 Filing Fee	S130.00 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)	
Regist Divisi 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assec, Florida 32399	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	ne: mited Liability Company is:			
Domenica, LLC				
ARTICLE II - Add		incipal office of the Limited Liability	Compa	ny is:
Principal Office A	ddress:	Mailing Address:		
413 Prairie Lake Driv		Same		
Fern Park, Florida 32	2730			
ARTICLE III - Re	gistered Agent, Registered	Office, & Registered Agent's Signa	ture:	
The name and the F	lorida street address of the r	egistered agent are:	2005	SIAIO
	Michael Piumelli		005 NOV 300	OR CR
	Name		30	FRY CIAN
	413 Prairie Lake Drive		Ţ	돌숙
	Florida street add	dress (P.O. Box <u>NOT</u> acceptable)	PH 12:	STA
	Fern Park	FL	26	ية. الم
liability compar registered agent an statutes relating t	ry at the place designated in t d agree to act in this capacit o the proper and complete pe	accept service of process for the above s his certificate, I hereby accept the appo y. I further agree to comply with the pro rformance of my duties, and I am famili stered agent as provided for in Chapter	intment ovisions iar with	as of all and
	registered when a	, DIRHUMOTO		

(CONTINUED)

## 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:	
MGRM	Michael Piumelli	
M.G. Carlot	413 Prairie Lake Drive	_
	Fern Park, Florida 32730	_ _
	A ALEXANDER	_
		_
		- 28
		2005 NOV 30 PM 12:
		_V_
		30
		_P
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(Use attachment if necessary)		26
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 of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)	
Michael Piumelli		
Typed o	or printed name of signee	
Filing Fees:		
\$125.00 Filing For for Articles of Organizat	tion and Designation	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)