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TRANSMITTAL LETTER

TO: Registration S Division of C			
SUBJECT:	CAFE ITALIA BIST		
	(Name of Limite	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	spondence concerning this matte	er to the following:	
		l. Buck, Accountant	
***************************************	5405 Jaç Naples, F	SAL Recision) FL 34109	
		(Firm/Company)	>
		(2007 AUG 29 SECRETARY LLAHASSEI
		(Address)	P 3: OF STAI
	(City/	/State and Zip Code)	
	concerning this matter, please	call:	
Herbert J. 5405 Jaeg	Buck, Accountant per Rd.	at (239 \ 5/4-	4244
Naples, 4	L084A00	at (239 S/4- (Area Code & Daytime T	elephone Number)
Enclosed is a check f	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 Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis 409 E	EET ADDRESS: tration Section ion of Corporations . Gaines Street nassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	Section orporations 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	:
CAFE ITALIA BISTE	RO, LLC
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1376 11th Street N.	1376 11th Street N.
Naples, Florida 34102	Naples, Florida 34102
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
Joe Rock	2007 SEC
Name	t N. SSR 29 dress (P.O. Box NOT acceptable)
1376 11th Stree	t N. SR 2
Florida street ad	Gross (F.C. Don Maria)
Naples	FL 34102 FS U
City, State,	and Zip
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a
	erformance of my duties, and I am familiar with and
	istered agent as provided for in Chapter 608, F.S.
Registered Agent'	s Signature
2	

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:			
"MGRM" = Managing Member				
MGR	Joe Rock			
***************************************	1376 11th Street N.			
	Naples, Fl 34102			
MGRM	Adriano Pucci			
	1376 11th Street N.			
	Naples, Fl 34102			
MGRM	Renato Tolu			
	1376 11th Street N.			
	Naples, Fl 34102			
•				
MGRM	Jim Rock			
	1376 11th Street N. E.			
	Naples, Fl 34102 AR >			
(I lea esta alternati i financiana esta alternati esta alternativa esta alternativa esta alternati esta alternativa esta esta alternativa esta esta esta esta esta esta esta est	SSS 2			
(Use attachment if necessary)				
NOTE: An additional article must be a	ddad if an affactive data is requested			
NOTE: An additional article must be a	inded it an effective date is requested.			
REQUIRED SIGNATURE:				
REQUIRED SIGNATURE:	A 80			
\/				
Signature of a member or an authorized representative of a member.				
(In accordance with section 608.408(3), Florida Statutes, the execution				
of this document constitutes an affirmation under the penalties of perjury				
that the facts stated herein are true.)				
Joen Kock				
Typed or printed name of signee				

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)