## 10700090101

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400107665054

08/31/07--01017--017 \*\*125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

W7-90101

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: GIUDA	NL: LLC (Name of Limite	ed Liability Company)	
	`	• • •	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	pondence concerning this matte	ter to the following:	
ERIC AMS	ALLEM		
		(Name of Person)	
GIUDAN L	LC		
(Firm/Company)			
3598 YACHT CLUB DRIVE #1802			
		(Address)	
AVENTU	RA FL 33180		
		y/State and Zip Code)	
For further information	concerning this matter, please	e call:	
ERIC AMSALLE	М	at ( 786 ) 985 13-74	200 _ S.E
	e of Person)	at (100 ) 983 13-74 (Area Code & Daytime Telephone Number)	2007 AUG 31
D 1 1 1 1 1 6		>> 	AR G
	or the following amount:		9 - 77
<b>✓</b> \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing ☐ Certified Copy (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	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ed Company" or their abbreviation "LLC," or "L.C.,")
rincipal office of the Limited Liability Company is:
Mailing Address:
3598 YACHT CLUB DRIVE #1802
AVENTURA FL 33180
registered agent are:
E #1802  dress (P.O. Box NOT acceptable)  ALECRE 1001 AUG 2001 AUG 3
dress (P.O. Box NOT acceptable) $S \stackrel{\circ}{\approx} \frac{\omega}{\omega}$
<u>FL</u> 33180
and Zip
accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.
T I I I I I I I I I I I I I I I I I I I

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:		
MGR & CEO		Alain FALCUCCI Les Jardins en Ville 20200 VILLE DI PIETRABOGNO CORSE FI	RANCE	
	_			
	_			
(Use attachment if	- 7			
	ed, the date must be	ate of filing: (C specific and cannot be more than five bus		
<u>REQUIRED</u> SIG	NATURE:		SECRETARY TALLAHASSI	วกกา
	Signature of a member	or an authorized representative of a member.	AH.	
		on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.)	111-	
	ERIC AMSALLEM		57A	**************************************
Filing Rese	Туре	ed or printed name of signee		

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

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

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)