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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Vercelli Escape, LLC

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$155.00

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PAGE 01/03

CT CORPORATION SYSTM

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	EI.	- Name
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The name of the Limited Liability Company is:

Vercelli Escape, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:

ofo Rinbert Perro, CardWorks Services, LLC, 101 Crosswaya Perk West, Woodbury, NY 11797 c/o Robert Perro, CardWorks Services, LLC, 101 Crossways Park West, Woodbury, NY 11797

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 inveloces entity with an active Florida registration.)

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

CT Corporation System

1200 South Pine Is land Road
Florida street address (P.O. Bax NOT acceptable)

Plantation PL 33324
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..

Registrati Asont's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Robert Perro
· · · · · · · · · · · · · · · · · · ·	c/o CardWorks Services, LLC, 101 Crossways Park West.
	Woodbury, NY 11797
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•	
(Use attachment if necessary)	2007 TAL
CLE V: Effective date, if other than th	e date of filing: (OPTIONAL)
onective date is listed, the date must in the days after the date of filing.)	e date of filing: (OPTIONAL) REport of the specific and cannot be more than five business days prior SSR SSR SSR SSR SSR SSR SSR SSR SSR SS
REQUIRED SIGNATURE:	AM PER F
RECUIRED SIGNATURE:	S C
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Filing Foot:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

Martin Tallan

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

Page 2 of 2

(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.)

Typed or printed name of signes