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SECRETARY OF STATE
ANASSEE FLORID

## **COVER LETTER**

10.	Division of Corporations
SUBJE	Sole D'oro Distributing
50242	(Name of Limited Liability Company)
The end	osed Articles of Organization and fee(s) are submitted for filing.
Please 1	turn all correspondence concerning this matter to the following:
	Vincent Di Fatta
-	(Name of Person)
	Sole D'oro Distributing
	(Firm/Company)
_	5738 NW 48th Ct.
	(Address)
_	Coral Springs,Florida 33067
	(City/State and Zip Code)
For furt	er information concerning this matter, please call:
	Vincent Di Fatta  at ( 954 ) 753.4334  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) . (Area Code & Daytime Telephone Number)
Enclos	is a check for the following amount:
<b>√</b> \$125.0	Filing Fee \$\Bigsup \\$130.00 \text{ Filing Fee & }\Bigsup \\$155.00 \text{ Filing Fee & }\Bigsup \\$160.00 \text{ Filing Fee, }\\ Certificate of Status & \text{Certified Copy (additional copy is enclosed)}}\]  Certificate of Status & \text{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

ARTICLE I - Nam				
The name of the Li	nited Liability Co	ompany is:		
	Sole D'oro	Disrtibuting LLC.		
(Mu:	st end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Add The mailing address		ss of the principal office of the Limited Lia	ability Compan	ıy is:
Principal Office A	ddress:	Mailing Address:		
5738 NW 48th Ct.		5738 NW 48th Ct.		
Coral Springs, Florida 33	3067	Coral Springs, Florida 33067		
business entity with an a	ctive Florida registration lorida street addre Vince	its own Registered Agent. You must designate an indivin.)  ess of the registered agent are:  ent Di Fatta  Name  NW 48th Ct.  ida street address (P.O. Box NOT acceptable)	SEP-8 PM 2: 01	
		Springs, <sub>FL</sub> 33067		
		City, State, and Zip		
liability compan registered agent an statutes relating to	y at the place designed agree to act in the other proper and contains of my positions.	ent and to accept service of process for the egnated in this certificate, I hereby accept the his capacity. I further agree to comply with complete performance of my duties, and I and ion as registered agent as provided for in Company and the complete for in Company and the company agent's Signature (REQUIRED)	ne appointment on the provisions on In familiar with o	as of all and

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:			
"MGR" = N					
MOKIVI -	Managing Member				
MGR		Vincent Di Fatta			
<del></del>		5738 NW 48th Ct.	•	-	
		Coral Springs, FI 33067			
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	ment if necessary)				
FICLE V: Effective date	ctive date, if other than the	e date of filing: 10-01-2008 . ( be specific and cannot be more than five bu	`	,	
FICLE V: Effective date r 90 days after t	ctive date, if other than the is listed, the date must b	<u> </u>	`	,	
TICLE V: Effective date 90 days after t	ctive date, if other than the is listed, the date must be the date of filing.)  D SIGNATURE:	e specific and cannot be more than five bu	`	,	
ICLE V: Effective date 90 days after t	ctive date, if other than the is listed, the date must be the date of filing.)  D SIGNATURE:  Signature of a memb	er or an authorized representative of a member.	isiness (	,	
FICLE V: Effective date  90 days after t	ctive date, if other than the is listed, the date must be the date of filing.)  D SIGNATURE:  Signature of a member of this document cons	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	isiness (	,	
FICLE V: Effective date r 90 days after t	ctive date, if other than the is listed, the date must be the date of filing.)  D SIGNATURE:  Signature of a memb	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	`	days 1	
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FICLE V: Effective date r 90 days after t	ctive date, if other than the is listed, the date must be the date of filing.)  D SIGNATURE:  Signature of a member of this document constraint the facts stated	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	isiness (	days 1	

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

of Registered Agent

\$125.00 Filing Fee for Articles of Organization and Designation