

Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

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Email Address:



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company is:

MANZISCATT GROUP, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8415 NW 116th Avenue, Doral, FL, 33178. 8415 NW 116th Avenue,

Mailing Address:

Doral, FL, 33178.

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

ELDA SCATTOLINI

8415 NW 116th Avenue Doral, FL, 33178.

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..

ELDA SCATTOLIN Registered Age

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

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

Title:

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Name and Address:

MGR	ELDA SCATTOLINI
MGR	GAETANO MANZIONE
MGR	NATHALIE MANZIONE
MGR	DONATO MANZIONE
MGR	MONICA MANZIONE

Address for all Managers: 8415 NW 116th Ave, Doral, FL, 33178.

REQUIRED SIGNATURE:

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.)

ELDA SCATTOLINI

Typed or printed name of signce



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