L11000054725

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000127096 3)))

H11000127096ABC.

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : AKERMAN SENTERFITT (MIAMI)
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.**
**ADALTE LLC**

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | $160.00 |

RECEIVED
11 MAY -9 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 MAY -9 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD
MAY 10 2011
EXAMINER

# ARTICLES OF ORGANIZATION
# OF
# ADALTE LLC

FILED
11 MAY -9 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I: - Name**
The name of the Limited Liability Company is **ADALTE LLC**

**ARTICLE II: - Address**
The mailing address and street address of the principal office of the Limited Liability Company is:

**c/o Giuliano Galleri**
**via Maddaloni, 1 Int. 14**
**16123 Genova, Italy**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**
The name and the Florida street address of the registered agent are:

**NRAI SERVICES, INC.**
**515 East Park Avenue**
**Tallahassee, Florida 32301**

*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.*

**NRAI SERVICES, INC.**

By: Katie Wonsch
Name: Katie Wonsch
Title: Assistant Secretary

**ARTICLE IV: - Management**
☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

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

MGRM Guiliano Galleri
via Maddaloni, 1 Int. 14
16123 Genova, Italy

Burton A. Landy, Authorized Representative

(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.)

Burton A. Landy
Typed or printed name of signee