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(Re	questor's Name)	
- (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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T. CLINE

JUN 14 2011

EXAMINER

SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Piccolo Forno, L	I C
	of Limited Liability Company
The enclosed Articles of Organization and fed	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Daniel Piccolo	
<u> </u>	Name of Person
	Firm/Company
1742 Harborside C	ircle
	Address
Wellington, FL 33414	
	City/State and Zip Code
piccolo.daniel@yahoo.co	be used for future annual report notification)
	·
For further information concerning this matter	r, please calt:
Dan Piccolo	at (561) 543-7776
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$125.00 Filing Fee \$130.00 Filing Fe Certificate of Sta	
Mailing Address Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	Street/Courier Address Registration Section ations Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FO	K FLORIDA EIMI I ED LIADI	LITT COMPANT
ARTICLE I - Name: The name of the Limited Liability Compar	ıy is:	
Piccolo Forno, L.L.C.		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	he principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
1742 Harborside Circle	1742 Harborside Circle	
Wellington, FL 33414	Wellington, FL 33414	
	<u> </u>	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	
Daniel Piccolo		
	Name	
1742 Harbors	side Circle	
Florida stre	eet address (P.O. Box NOT acceptable)	
Wellington	_{FL} 33414	
Ci	ity, State, and Zip	
Having been named as registered agent and liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accept pacity. I further agree to comply w ete performance of my duties, and I	t the appointment as with the provisions of all am familiar with and
	711	TLAH.
Registered Agent's	gnature (REQUIRED)	JUN 13
(CON	TTINUED)	OF ST

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	r
MGRM	Daniel M. Piccolo
	1742 Harborside Circle
	Wellington, FL 33414
MGRM	Denise A. Comolli
	1742 Harborside Circle
	Wellington, FL 33414
(Use attachment if necessary)	
CLE V: Effective date, if other th	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days p
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business days p
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any fals	member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein all the information submitted in a document to the Department of the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of perjury that the facts stated herein all the penalties of penalties
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)