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Email Address:

**FLORIDA LIMITED LIABILITY CO.
AMALFI HOLDINGS, LLC**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY****ARTICLE I - Name:** The name of the Limited Liability Company is:**Amalfi Holdings, LLC****ARTICLE II - Address:**

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

Principal Office Address:2610 NW 97th Avenue,
Doral, FL 33172**Mailing Address:**2610 NW 97th Avenue,
Doral, FL 33172**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
Signature:**

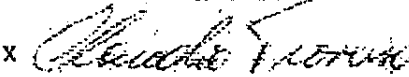
The name and the Florida street address of the registered agent are:

Claudio Traverso2610 NW 97th Avenue
Doral, FL 33172

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.

Claudio Traverso

x

**Registered Agent's Signature**

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

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

<u>Title:</u>	<u>Name and Address:</u>
MGR	CLAUDIO TRAVERSO
MGR	MARINA TOPAN

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CLAUDIO TRAVERSO

Typed or printed name of signer

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