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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. BRYAN

DEC 27 2012

EXAMINER

TO:

Registration Section

COVER LETTER

Division of Co	rporations			
SUBJECT: Bour	bon, LLC			
SUBJECT:	Name of Limite	ed Liability Company		.
	Organization and fee(s) are sondence concerning this matter	_		2012 DEC 26 SECRETARY TALLAHASSI
•	-	Ü		26 ASS
Fabrizio	Alelli		 	mo 3
		Name of Person		AH IO: 07
		Firm/Company	<u> </u>	
1533 M	arsh Wren La	ne		
		Address	····	
Naples,	FL 34105			
	Cit	y/State and Zip Code		
office@se	asaltnaples.com	to the	15.51	·
	E-mail address: (to be used f	or future annual report no	tification)	
For further information	concerning this matter, please	call:		
Fabrizio Ai	elli	_{at} 239 4	04-0951	
Name	of Person	Area Code & D	aytime Telephone Nun	nber
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing For Certified Copy (additional copy is e	Certifi nclosed) Certifi	0 Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courie Registration S Division of C Clifton Buildi 2661 Executiv Tallahassee, I	ection orporations ing ve Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		7. 2
The name of the Limited Liability Compa	ny is:	智能
		超公斤
Bourbon, LLC		5 P 6 F
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	Eng I
ADTICLE II ALL		700
ARTICLE II - Address:	Aba uninginal affice afthal instead Li	
The mailing address and street address of	the principal office of the Limited Li	ability Courpany is
Principal Office Address:	Mailing Address:	72
Fabrizio Aielli	Fabrizio Aielli	
1533 Marsh Wren Lane	1533 Marsh Wren Lane	
Naples, FL 34105	Naples, FL 34105	
The name and the Florida street address o	t the registered agent are:	>
	Name	
1533 Marsh Wren Lane		
Florida st	reet address (P.O. Box NOT acceptable)	
N	laples, FL 34105	
	City, State, and Zip	
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this all statutes relating to the proper and co and accept the obligations of my position	ed in this certificate, I hereby accept t capacity. I further agree to comply w omplete performance of my duties, and	the appointment as with the provisions of d I am familiar with
Registered Agent's	S Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	SECRETARY SECRETARY TALLAHASS
"MGR" = Manager		中帝
"MGRM" = Managing Member		52
ggg		55.72
MGR	Fabrizio Aielli	6.00
	1533 Marsh Wren Lane	70
	Naples, FL 34105	2,7
		V
		
	•	
LE V: Effective date, if other than the		
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(Use attachment if necessary) LE V: Effective date, if other than the ffective date is listed, the date mus or 90 days after the date of filing.) REQUIRED SIGNATURE:		
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