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	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072430003255 Phone : (305)634-3694	FILED
	email address for this business entity to be used for future report mailings. Enter only one email address please.** ddress:	
13 OCT -3 AN SECREDARY OF ALLAHASSEE	FLORIDA LIMITED LIABILITY CO. TS-2 SUNSET, LLC Certificate of Status	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The Name of the Limited Liability Company shall be :

TS-2 SUNSET, LLC

<u>ARTICLE II</u>

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is:

1130 WASHINGTON AVENUE, 5TH FLOOR MIAMI BEACH, FL 33139

ARTICLE IV

The Company shall commence business on: OCTOBER 2, 2013.

ARTICLE V

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

DAVID L. WRUBEL, CPA, PA 1130 WASHINGTON AVENUE, 5TH FLOOR MIAMI BEACH, FL 33139

ARTICLE VI

The name of the Managing Member (s) shall be:

CLAUDIO BAGLIANI 52 VIA BELLINZONA 10435 BOLOGNA, ITALY MARCO MAGLI 5 VIA DI SABBIUNO 40136 BOLOGNA, ITALY

PIERLUIGI RUGGIERI VIA DI CASAGLIA 60/2 40135 BOLOGNA, ITALY

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPESENTATIVE

TS-2 SUNSET LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Registered Agent DAVID L. WRUBEL, CPA, PA

Print Name

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.)

CLAUDIO BAGLIANI

Typed or printed name of signee

