

L13000175475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

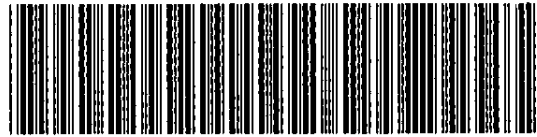
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100245558301

L13-175475

FILED
13 DEC 05 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 20 2013

N. CAUSSEAU

11:00

Inquire By Deposit Number

12/20/13

DEP Page 0004/0006

Deposit Number	: 12/05/13 01028 004	Deposit Amount	: 125.00
Account Number	:	Deposit Balance	: 0.00
Refund Request Date	:	Debit Memo Date	:
Refund Mail Date	:	Void Date	:
Refund Amount	: 0.00	User ID	: YYSULKER
Requester	:		

		DOC Page	0001/0001
Tracking Number	: 500254402365	Document Number	: 500254402365
Ledger Date	: 12/05/13	Sub Account Number	:
Document Requester	:		

<u>Category</u>	<u>Description</u>	<u>Amount</u>
CF	ALL CORP FILING FEES	125.00

L13-175475

DEC 20 2013

N. CAUSSEAU

12/19/2013

Page 1

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK—HOLD AT ANGLE TO VIEW

1801 PURDY, LLC
DBA SARDINIA ENOTECA RISTORANTE
1801 PURDY AVENUE
MIAMI BEACH, FL 33139

CITY NATIONAL BANK
446 COLLINS AVE
MIAMI BEACH, FL 33139
67-414640

20572

DATE 12/4/2013

PAY TO THE ORDER OF Florida Department of State \$ 125.00

One Hundred Twenty-Five and 00/100 DOLLARS

Florida Department of State
DIVISION OF CORPORATIONS
PO Box 8800
Tallahassee, FL 32314

MEMO MOYE MIAMI LLC

⑈020572⑈ ⑆066004367⑆ 3003732841⑈

Check #: 20572 for \$125.00 Posted: 12/9/2013

Seq: 593
Batch: 843123
Date: 12/06/13

DO NOT WRITE IN THESE SPACES

1. THE BACKGROUND ON THE FACE OF THE CHECK HAS 20 DIFFERENT VARIOUS PATTERNS WHICH SHOW THE WORD VOID IF COPIED
2. ON THE FACE OF THIS CHECK, A SECURITY LOCK ICON APPEARS IN THE RIGHT MARGINAL AREA. IN ADDITION, ON THE BACK OF THIS CHECK, THE SECURITY LOCK ICON WILL APPEAR WHEN TOOK AT AN ANGLE.
3. ON THE BACK, THE WORD VOID WILL APPEAR WHEN TOOK AT AN ANGLE.
4. THE BACK OF THIS CHECK HAS A SECURITY LOCK ICON WHICH MAY BE SEEN BY HOLDING THE CHECK UP TO THE LIGHT.
5. BROKEN ON THE FACE AND BACK OF THE CHECK, THE SECURITY LOCK ICON WILL APPEAR WHEN TOOK AT AN ANGLE.

THIS CHECK IS VOID IF THE FOLLOWING SECURITY FEATURES ARE NOT PRESENT

Seq: 843123 12/06/13
BAT: 843123 CC: 8750210384
* RY LPS Jacksonville
NC Tallahassee CV 118 260

Check #: 20572 for \$125.00 Posted: 12/9/2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOYE MIAMI, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTONIO GALLO

Name of Person

MOYE MIAMI, LLC

Firm/Company

1900 N. BAYSHORE DR #1002

Address

MIAMI, FL 33132

City/State and Zip Code

AGALLO68@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO GALLO

Name of Person

at (305) 582-2467

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOYE MIAMI, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

ANTONIO GALLO
1900 N. BAYSHORE DR #1002
MIAMI, FL 33132

Mailing Address:

ANTONIO GALLO
1900 N. BAYSHORE DR #1002
MIAMI, FL 33132

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ANTONIO GALLO

Name

1900 N. BAYSHORE DR #1002

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

33132

City, State, and Zip

FILED
13 DEC 06 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ANTONIO GALLO
1900 N. BAYSHORE DR #1002
MIAMI, FL 33132

MGRM

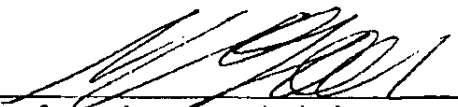
FRANCESCO DI GIACOMO
1900 N. BAYSHORE DR #1002
MIAMI, FL 33132

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ANTONIO GALLO

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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13 DEC 05 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA