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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ROSILLO & ASSOCIATES, P.A.
Account Number : I19990C00127
Phone : (305) 477-5671
Fax Number : (305) 477-2640

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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
NUOVA VITA FLOWER SHOP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is Nuova Vita Flower Shop, LLC

ARTICLE II - ADDRESS

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

3100 SW 26 Street
Coconut Grove, FL 33133

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

Marco Berto
3100 SW 26 Street
Coconut Grove, FL 33133

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 605, F.S.


Marco Berto, Registered Agent

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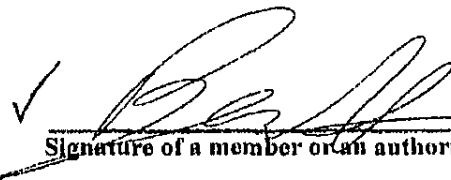
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ARTICLE IV -MANAGEMENT

The name and address of each person authorized to manage and control the Limited Liability Company:

-AMBR – Authorized Member and
-MGR – Manager

Name and Address:
Marco Berto
3100 SW 26 Street
Coconut Grove, FL 33133

✓ 

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

(In accordance with section 605.0203 (1)(b), 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 the State Constitutes a third degree felony as provided for in s.817.155, F.S.)

Marco Berto

Filing Fees:
\$125.00 Filing Fee for Articles of Organization
30.00 Certified Copy (Optional)
5.00 Certificate of Status (Optional)

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