Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000125750 3)))



W1400013875034BC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number: 076770003401 Phone: : (305)381-8108 Fax Number: : (305)383-8109

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

ETALL ADDRESS: MF@ABOGADOMIAMI. COM

14 HAY 29 PH 4: 15

FLORIDA LIMITED LIABILITY CO.
AMORSINHO LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
14 HAY 29 AH 10: 37
SECRETARY OF STATE

MAY 3 0 2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: AMORSINHO LLC
ARTICLE II- Address: The mailing address and street address of the principal office of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Geoffrey M. Wayne, Esq. 135 San Lorenzo Ave., PH 840 Miami, Florida 33146-1513
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. ARTICLE IV – Management The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: Carlo Rovegno 135 San Lorenzo Ave., PH 840 Coral Gables, FL 33146
ARTICLE V - Effective date, if other than the date of filing:
ARTICLE IV – Other Provisions, if any.
Signarure 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 State

constitutes a third degree felony as provided for in s.817.155, F.S.)

Geoffrey M. Wayne Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- 5.00 Certificate of Status (OPTIONAL)