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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	ECT: Sangue Acqua LLC. Name of Li	imited Liability Company	
The er	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	Louis J Giocondo Jr.		
•		Name of Person	
		Firm/Company	
	13140 111th Lane N.	Address	
	Largo, FL 33778	City/State and Zip Code	
lo	ug3@tampabay.rr.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fu	ther information concerning this matter, ple	ease cail:	
<u>Louis</u>	Giocondo at (Name of Person	727) 585-9803 Area Code Daytime Tel	dephone Number
Enclos	ed is a check for the following amount:		
□ \$ 125.0	0 Filing Fee \$\Bigcup \text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}\$}}}\$}}\$}}}}}} \endotn\end{tens}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	□\$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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sangue Acqua LLC. (Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC	"	-	
ARTICLE II - Address:	principal office of the Limited Liability Company	,		
Principal Office Address:	Mailing Address:			
13140 111th Lane North Largo, FL 33778	13140 111th Lane North Largo, FL 33778		-	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	as its own Registered Agent. You must designate registration.)	an indivi	idu al to r	क richtening कुई कुई किया राज्य राज्य
Louis J. Giocondo J	Name		<u> </u>	
13140 111th Lane N Florida street address	• • • • • • • • • • • • • • • • • • • •	STAF	1 :: 1 ::	
Largo	FL 33778			
City	Zip			
the place designated in this certificate, I he capacity. I further agree to comply with the pof my duties, and I am familiar with and according to the complex of my duties.	p accept service of process for the above stated limit reby accept the appointment as registered agent an provisions of all statutes relating to the proper and cept the obligations of my position as registered agency Chapter 605, F.S	d agree t complete	to act in perfort	this mance
(0	CONTINUED)			

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager MGR	Louis J Giocondo Jr.		
<u></u>	13140 111th Lane N.		
	Largo, FL 33778		
MGR	Christopher C. Giocondo		
	3106 Glenwood Ct.		
	Safety Harbor, FL 34695		
MGR	Louis J. Giocondo III	4	
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	Saint Petersburg, FL 33704		
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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)