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PICK-UP	☐ WAIT	MAIL
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SECTIONAL OF STATE
ALL AHASSEE FLORIDA

4-57087

SEP 1 9 2014

T. HAMPTON



ACCOUNT NO. : 12000000195 REFERENCE: 300993 7937777 AUTHORIZATION :... COST LIMIT : \$ 160.00 ORDER DATE: September 17, 2014 ORDER TIME : 3:13 PM ORDER NO. : 300993-005 CUSTOMER NO: 7937777 DOMESTIC FILING NAME: CLAUDIO PISTOLESI ENTERPRISE, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP __ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Courtney Williams - EXT. 62935

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	CLAUDIO PISTOLESI ENTERPRISE	; LLC
SOBSEC		d Liability Company
The enclo	losed Articles of Organization and fee(s) are so	bmitted for filing.
Please ret	eturn all correspondence concerning this matte	to the following:
	CLAUDIO PISTOLESI	
	Ŋ	lame of Person
	CLAUDIO PISTOLESI ENTERPRISE,	LLC
	Ţ	irm/Company
	199 LA PASADA CIRCLE EAST	
		Address
	PONTE VEDRA BEACH, FLORIDA 32	082
	City/5 CPISTOLESI@HOTMAIL.COM	itate and Zip Code
	<u> </u>	used for future annual report notification)
For furthe	er information concerning this matter, please c	alf:
LUCA MI	MELCHIONNA 212	626-2616
	Name of Person Area	Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
\$125.00 F	Cenificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy dditional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

2014 SEP 18 12 2:06

September 18, 2014

CSC COURTNEY WILLIAMS RESUBMIT

Please give original aubmission date as file date.

SUBJECT: CLAUDIO PISTOLESI ENTERPRISE, LLC

Ref. Number: W14000057087

We have received your document for CLAUDIO PISTOLESI ENTERPRISE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 614A00019984

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

CLAUDIO PISTOLESI ENTERPRISE, 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:

Mailing Address:

199 La Pasada Circle East

Ponte Vedra Beach, FL 32082

199 La Pasada Circle East
Ponte Vedra Beach, FL 32082

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

32301

City

7

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..

Rv

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 SEP 17 AM 10: 50
SECRETARY OF STATE ASSEE FLORIDA

Title:	Name and Address:
"AMBR" = Authorized Member	- '
"MGR" = Manager	
MGR	CLAUDIO PISTOLESI
	199 LA PASADA CIRCLE EAST
	PONTE VEDRA BEACH, FL 32082
MGR	CRISTINA YOSHIZAWA
THO IT	199 LA PASADA CIRCLE EAST
	PONTE VEDRA BEACH, FL 32082
AMBR	LUCA MELCHIONNA, ESQ
ANDIX	1120 AVE OF THE AMERICAS
	NEW YORK, NY 10036
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