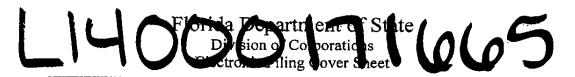
#158 P.001/003

Division of Corporations

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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.

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FLORIDA LIMITED LIABILITY CO. Muna Miami, LLC

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Muna Miami, LLO			
	(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad			
The mailing addres	s and street address of the princi	pal office of the Limited Liability Company is:	
rincipal Office A	ddress:	Mailing Address:	
303 Blue Lagoo	n Drive	6303 Blue Lagoon Drive	
Suite 200		Suite 200	
<u> Miami, FL 33126</u>		Miami, FL 33126	
u datu v		tration.)	
he name and the F	Plorida street address of the regis	•	
he name and the F	Plorida street address of the regis	Name	
'he πame and the F	Plorida street address of the regis	Name Suite 200	
he name and the F	Plorida street address of the regis Manuel Garcia Region Drive	Name Suite 200	
'he πame and the F	Plorida street address of the regis Manuel Garcia 6303 Blue Lagoon Drive Florida street address (P.O.	Name Suite 200 . Box NOT acceptable)	

(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Valentina Borgogni Via Giampaolo Orsini 23 - Florence, Italy 50126 **AMBR** Antonella Lazzerini Via Lorenzo Bardelli 8 Florence, Italy 59136 **AMBR** Muna Srl c/o Studio Borgioli Via Lorenzo Il Magnifico 26, Florence, Italy 50129 (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:

ARTICLE VI: Other provisions, if any.

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

BORGOGNI VALENTINA
Typed or printed name of signee

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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