

#L14000190456

12/23/2012 05:16

12/23/2012 P.001/003

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.

((H14000287396 3)))



H140002873963ABC7

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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.
SAINT GIMIGNANO INVESTMENT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
14 DEC 12 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

2014 DEC 12 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALLY
EXAMINER
DEC 15 2014

H14000287396

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAINT GIMIGNANO INVESTMENT, 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:

**4563 PERTH RD
WEST PALM BEACH, FL 33415**

Mailing Address:

**4563 PERTH RD
WEST PALM BEACH, FL 33415**

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:

LORENZO ALEXANDER HERNANDEZ OLIVARES

Name

4563 PERTH RD

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

WEST PALM BEACH FL 33415

City

Zip

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.

Lorenzo A. Hernandez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

H14000287396

FILED
20 DEC 12 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#14000287398

ARTICLE IV-

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

Title:

"AMBR" -- Authorized Member

"MGR" = Manager

AMBR

Name and Address:

LORENZO ALEXANDER HERNANDEZ OLIVARES

4563 PERTH RD

WEST PALM BEACH, FL 33415

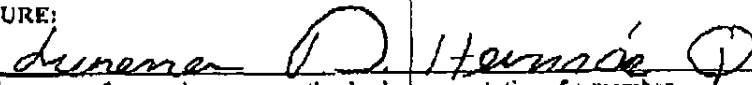
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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.)

LORENZO ALEXANDER HERNANDEZ OLIVARES

Typed or printed name of signee