## #L15000052773

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



100269218651

03/09/15--01027--007 \*\*125.00

FILED

2015 HAR -9 PH 3: 53

SEUSEIARY OF STATE

K. SALY EXAMINER MAR 25 2015

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: Make A   | nited Liability Company   |
| Name of Lin   | med Listinity Company   |
| The enclosed Articles of Organization and fee(s) an   | e submitted for filing.   |
| Please return all correspondence concerning this ma   | atter to the following:   |
| Mario Silvestri   |   |
|   | Name of Person  |
| <del></del>   | Firm/Commons  |
|   | Firm/Company  |
| 2750 NW 3rd Ave #20B  |   |
|   | Address   |
| Miami. Fl 33127   |   |
|   | ity/State and Zip Code  |
| info@juniorandhatter.com<br>E-mail address: (to be used   | for future annual report notification)  |
| For further information concerning this matter, plea  | se call:  |
| Monica Jaramillo at ( 7   | 786 ) 693-0422  |
| Name of Person  | Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |   |
| ☑ \$125.00 Filing Fee & Certificate of Status   | □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |   | 닏  |
|--|---|--|
| The name of the Limited Liability Company is:  |   |  |
|  |   |  |
| Make A LLC   |   | 三型で  |
| (Must end with the words "Li   | imited Liability Company, "L.L.C.," or "LL  | <u>,c.")                                    </u> |
| ARTICLE II - Address:  |   | The B  |
| The mailing address and street address of the prince   | sipal office of the Limited Liability Compan  | v is: ﷺ  |
|  | · · · · · ·   | 9E 5   |
| Principal Office Address:  | Mailing Address:  |  |
| 2750 Nw 3rd Ave #20B   | 2750 NW 3rd Ave #20B  | ·<br>  |
| Miami. Fl 33127  | Miami, Fl 33127   | <u></u>  |
|  |   | <del></del>                                      |
| The name and the Florida street address of the regis   |   |  |
|  | Name  |  |
| 2750 NW 3rd Ave #20B   |   |  |
| Florida street address (P.O  | ). Box <u>NOT</u> acceptable)   |  |
| <u>Miami</u>   | FL 33127  |  |
| City   | Zip   |  |
| Having been named as registered agent and to acce<br>the place designated in this certificate, I hereby c<br>capacity. I further agree to comply with the provis<br>of my duties, and I am familiar with and accept to | accept the appointment as registered agent a<br>sions of all statutes relating to the proper an | and agree to act in this d complete performance  |
| - Cholineo   | Signature (RECHRED)   |  |

(CONTINUED)

Page 1 of 2

| <u> Fitle:</u>   | Name and Address:   |
|--|---|
| 'AMBR" = Authorized Member   |   |
| 'MGR" = Manager  |   |
| MGR  | Andrea Battista   |
|  | 2750 NW 3rd Ave #20B  |
|  |   |
|  | <b>7*</b> Ø*  |
| MGR  | Mario Silvestri   |
| <del></del>  | 2750 NW 3rd Ave #20B  |
|  | Mario Silvestri 2750 NW 3rd Ave #20B Miami. Fl 33127  |
|  | 0,3   |
|  |   |
|  |   |
|  | ن شر  |
|  |   |
|  | <u>고</u>  |
|  |   |
|  |   |
|  |   |
| V: Effective date, if other than the date ive date is listed, the date must be spe   | of filing:  |
| V: Effective date, if other than the date tive date is listed, the date must be spefiling.)  | of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90   |
| Use attachment if necessary)  E.V: Effective date, if other than the date extive date is listed, the date must be sperfilling.)  E.VI: Other provisions, if any.   | of filing:  |
| V: Effective date, if other than the date extive date is listed, the date must be specifiling.)  VI: Other provisions, if any.   | of filing:  |
| CV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.)  CVI: Other provisions, if any.  Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony                | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State of a perjury that the facts stated herein are true.   |
| CV: Effective date, if other than the date extive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony                   | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State of a perjury that the facts stated herein are true.   |
| CV: Effective date, if other than the date extive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony                   | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State of a perjury that the facts stated herein are true.   |
| CV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.)  CVI: Other provisions, if any.  Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony                | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State of a perjury that the facts stated herein are true.   |
| CV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.)  CVI: Other provisions, if any.  Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony                | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.).  Marin Department of State are provided for in s.817.155, F.S.).  Typed or printed name of signee |
| CV: Effective date, if other than the date of the date is listed, the date must be specifilling.)  EVI: Other provisions, if any.  Signature of a mer (In accordance with section 60°s constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Mario Silvestri | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State of a perjury that the facts stated herein are true.   |

Page 2 of 2