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(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phon	e #)
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MAR 3 0 2015 C. CARROTHIERS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ITALIAN GUYS LLC	
Name of Lin	nited Liability Company
The enclosed Articles of Organization and fee(s) are	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
STEVEN COOPER	
	Name of Person
SICOOPED & ASSOCIATES	
SJ COOPER & ASSOCIATES	Firm/Company
C/0 3269 STURGEON BAY COUR	Т
	Address
NAPLES, FL 34120	City/State and Zip Code
	rty/state and Zip Code
steven@sicfinance.com E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, plea	ase call:
STEVEN COOPER	220 \ 200 2627
STEVEN COOPER at (2 Name of Person	239) 398-3637 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee	□\$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	Street/Courier Address
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AIG	ICLESOF ORGANIZATION I	OKTESKIDA ERITIED IZADIERT	COMITANT	
ARTICLE I - Name:				Was the
The name of the Limit	ed Liability Company is:			
				5 MR 10
ITALIAN GUYS, LLC				10 P
(1	Must end with the words "Lim	nited Liability Company, "L.L.C.,"	or "LLC.")	7
ARTICLE II - Addre	ess:			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
The mailing address ar	nd street address of the princip	oal office of the Limited Liability (Company is:	2: 31
Principal Office Add	ress:	Mailing Address:		2: 31
12830 OLDE BANY	ON BLVD	C/0 3269 STURGEON_	BAY COURT	
N FORT MYERS, FI		NAPLES, FL 34120		• -
(The Limited Liability		ice, & Registered Agent's Signar own Registered Agent. You must or ration.)		idual or
The name and the Flor	ida street address of the regist	ered agent are:		
	STEVEN COOPER		_	
	N	ame		
	3269 STURGEON BAY C	OURT	_	
	Florida street address (P.O.	Box NOT acceptable)		
	NAPLES	FL 34120	-	
	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.

Registered Agent's signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	ANTONIO SUARES
	12830 OLDE BAYNON BLVD
	N FORT MYERS, FL 33903
MGR	ANDREA FERRARINI
	VIA TINA MODOTTI, 101 CAPA 00142
	ROMA
ACD.	
MGR	DAVIDE DI PIETRO
	VIA DELLE FRESIE
	2 GUIDONIA MONTECELIO 00012
V: Effective date, if other than the citive date is listed, the date must be	date of filing:
V: Effective date, if other than the cetive date is listed, the date must be filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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Page 2 of 2