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| PICK-UP                   | ☐ WAIT            | MAIL        |
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## **COVER LETTER**

|   | O: Registration Section Division of Corporations  |
|---|---|
|   | SUBJECT: ARTURO BONETTI REAL ESTATE LLC  Name of Limited Liability Company  |
|   | The enclosed Articles of Organization and fee(s) are submitted for filing.  |
|   | Please return all correspondence concerning this matter to the following:   |
|   | ARTURO BONETTI  Name of Person  |
|   | ARTURO BONETTI REAL ESTATE LLC Firm/Company   |
|   | 24031 S TAMIAM! TRL #101  Address   |
|   | BONITA SPRINGS FL 34134  City/State and Zip Code  |
|   | ARTURO.BONETTI@FLORIDAMOVES.COM  E-mail address: (to be used for future annual report notification)   |
|   | For further information concerning this matter, please call:  |
|   | ARTURO BONETTI at ( 239 ) 339-7478  Name of Person Area Code Daytime Telephone Number   |
|   | Enclosed is a check for the following amount:   |
| Z | S125.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

Mailing 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
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  | 5 A   |
|--|---|
| The name of the Limited Liability Company is:  |   |
| ARTURO BONETTI REAL ESTATE LLC   | Liability Company, "L.L.C.," or "LLC.")   |
| (Must end with the words Emitted   | Liability Company, L.L.C., or LLC.  |
| ARTICLE II - Address: The mailing address and street address of the principal of   | fice of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address:  |
| 24031 S TAMIAMI TRL #101<br>BONITA SPRINGS FL 34134  | SAME  |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own fanother business entity with an active Florida registration.)  The name and the Florida street address of the registered as | Registered Agent. You must designate an individual or)  |
| ARTURO BONETTI Name  |   |
| Hanc   |   |
| 24031 S TAMIAMI TRL #101   |   |
| Florida street address (P.O. Box   | NOT acceptable)   |
| BONITA SPRINGS   | FL 34134  |
| City   | Zip   |
| the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging the chapte   | vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S |
| (CONTINUE  | D)  |

Page 1 of 2

| <u>Fitle:</u><br>AMBR" = Authorized M<br>MGR" = Manager  | Name and Address:<br>ember   |
|--|--|
| MBR  | ARTURO BONETTI   |
|  | 24031 S TAMIAMI TRL #101<br>BONITA SPRINGS FL 34134  |
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| Use attachment if necessions of the detective date, if other tive date is listed, the defilling.)  VI: Other provisions, if a                                      | r than the date of filing:   |
| V: Effective date, if other<br>tive date is listed, the date<br>filing.)   | r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to  ny. |
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| V: Effective date, if oth tive date is listed, the diffling.)  VI: Other provisions, if a Sign (In accordance constitutes an af I am aware that constitutes a thin | than the date of filing:   |