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Me

Cover Letter

Nicolo Fabbrizio 2021 Meridian Avenue – Apartment 5 33139 Miami Beach, Florida Day time phone #: 305 607 2389

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PUPE'N BIKINI 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:
Nicoló FABBRIZIO
Name of Person
PUPE'N BIKINI
Firm/Company
2021 MERIDIAN AVE - APT #5
Address
M'AM BEACH FLORIDA 33139 City/State and Zip Code
NixFAB @ GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nicoló FABBRizio at (305) 6072389 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125,00 Filing Fee \$130,00 Filing Fee & \$155,00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160,00 Filing Fee. Certified 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

ARTICLE I - Name: The name of the Limited Liability Company is: PUPE'N BIKINI 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: Mailing Address:

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:

2021 MERIDIAN

Nicoló FABBRIZIO

Name

2021 MERIDIAN AVENUE APT. #5

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

MIAMU BEACH FL 33139

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

The name and address of each person auti	norized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>AUTHORIZED NEMBER</u>	GIORGIO RANIFRI VIA DI LANDEA ADE RAPALLO, 16035 (ITALY)
<u>AUTHORIZED MEMBER</u>	SUSANNA TORRETTA VIA DI LANDEA 10E RAPALLO, 16035 (ITALY)
MANAGER	NICOLO FABBRIZIO 2021 MERIDIAN AVE - APT #5 33139 MIAMI BEACH, FL
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing.) ARTICLE VI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
required signature:	Johla 2:0
Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber 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 y as provided for in s.817.155, F.S.)
Ni colo	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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)